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Medical

MEDICAL CARE MANAGEMENT

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

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This instruction implements Air Force Policy Directive AFPD 44-1, *Medical Operations*, and provides guidance for the organization and delivery of medical care. It implements various publications of Department of Defense (DOD) recognized professional organizations, the Joint Commission, the Accreditation Association for Ambulatory Health Care (AAAHC) and appropriate health and safety agencies. This instruction applies to all personnel assigned to or working in Air Force Medical Treatment Facilities (MTF), Air Reserve Component (ARC) medical units and Aeromedical Evacuation units, including Reserve and Guard personnel during their active duty and Unit Training Assembly periods, civilian, volunteer personnel and trainees. Contracts for support of Medical Care Management will contain language that contractor personnel must comply with AFI 44-102. This Instruction requires collecting and maintaining information protected by the *Privacy Act of 1974*, System of Records Notices (SORN) F044 SG D, *Automated Medical/Dental Record System*, and F044 SG E, *Medical Record System* apply. This AFI may be supplemented at any level, but submit all supplements to this Air Force Instruction (AFI) to Air Force Medical Support Agency/Clinical Operations Policy Division (AFMSA/SG3OC) for coordination prior to certification and approval. Send comments and suggested improvements on AF Form 847, *Recommendation for Change of Publication*, through channels, to Clinical Operations Policy Division, Air Force Medical Support Agency; AFMSA/SG3OC, 1500 Wilson Blvd, Suite 1200, Rosslyn, VA 22209. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at **address:** **https://www.my.af.mil/afrims/afrims/afrims/rims.cfm**.

SUMMARY OF CHANGES

This document has been substantially revised and must be completely reviewed. Major changes include updated language on Limited Scope Medical Treatment Facilities (LSMTF). Life support information was moved from Chapter 3 to Chapter 2 and the Advanced Life Support (ALS) tables were removed in order to eliminate confusion about ALS requirements. The personnel required to receive ALS training was simplified. Emergency response planning for provision of ALS was expanded. Guidance on provision of emergency contraception was added. Induced abortion was moved from the family planning section to gynecological services. Contraceptive services information was combined with family planning. Guidance for vaginal delivery sponge and sharp counts was added along with an attached algorithm. Guidance on corneal refractive surgery was removed since it is covered in AFI 48-123, *Medical Examinations and Standards*. Chapter 7 covering managed care was deleted since the topics were covered in other AFIs. All subsequent chapters were renumbered. Drug inventory and logistics processes were updated. The process for adjusting the controlled inventory was streamlined to allow delegation of authority to another individual than the MTF/CC. Prescription policies for deployers were updated to include allowance for supplies through the duration of the deployment. The majority of mental health guidance was removed and consolidated in the new AFI 44-172, *Mental Health.* Guidance on allergy and immunology services was expanded to included detailed information on each product line and military specific immunizations. Additional guidance has been added to clarify the medical response for sexual assault victims. A new chapter was added on Assistive Technology (AT) and Computer/Electronic Accommodations Program (CAP). In addition AF Form 85 was created.

Chapter 1

MANAGING PATIENT TREATMENT AND CLINICAL SERVICES

Section 1A—Areas of Responsibility

1.1. Purpose. This chapter provides guidance for the general delivery of patient care and management of clinical services throughout the Air Force Medical Service (AFMS).

1.2. Responsibilities.

1.2.1. The Air Force Surgeon General (SG):

1.2.1.1. Develops clinical policy as described in this instruction.

1.2.1.2. Designates the Air Force Medical Operations Agency as the responsible organization for execution of the guidance in this instruction.

1.2.2. Air Force Medical Operations Agency (AFMOA):

1.2.2.1. Provides corporate level guidance for implementation and execution of this instruction in conjunction with the Major Command (MAJCOM) Surgeons.

1.2.2.2. Recommends additions, deletions, or amendments to this instruction as appropriate.

1.2.3. MAJCOM Surgeons (MAJCOM/SG or equivalent):

1.2.3.1. In conjunction with AFMOA, ensures commands implement these instructions.

1.2.3.2. Recommends additions, deletions or amendments to this instruction as appropriate.

1.2.4. Medical Treatment Facility Commanders (MTF/CC):

1.2.4.1. Complies with this instruction and ensures personnel under their authority observe them.

1.2.4.2. Where the MTF comprises a Medical Wing (MDW), the MDW/CC may delegate responsibilities outlined in this instruction to the Vice Wing or MDG/CC as appropriate.

Section 1B—Organization and Functions

1.3. Overview (Refer to AFI 38-101, *Air Force Organizations* also).

1.3.1. The MTF Organizational Plan. MTFs will be organized in accordance with (IAW) AFI 38-101, and includes the office of the Chief, Medical Staff, Chief Nurse; and clinical services necessary to perform the wing/installation medical services mission. Aeromedical Evacuation Squadrons (AES) are organized IAW AFI 38-101. Commanders and supervisors in the chain of command subordinate to the MTF/CC control conditions of employment including place, time and means of work. Commanders exercise command prerogatives over military members. Standards for competent clinical performance and professional conduct of privileged providers are matters for professional clinical peer review as outlined in AFI 44-

119, *Medical Quality Operations*. The MTF/CC has ultimate responsibility for, and authority over professional standards and clinical performance.

1.3.2. Chief, Medical Staff (SGH):

1.3.2.1. The SGH will be a Medical Corps officer, or civilian physician, who maintains regular privileges in their specialty, reports directly to the MTF/CC and is an active medical staff member.

1.3.2.2. Is responsible to the MTF/CC for matters concerning provider regulations, quality and scope of medical care, utilization of professional resources, and medical policy and planning.

1.3.2.3. Is responsible for and has oversight of the credentialing, privileging, and peer review process as outlined in AFI 44-119.

1.3.2.4. May appoint an Assistant SGH, who will also be a privileged provider.

1.3.3. Chief, Aerospace Medicine (SGP):

1.3.3.1. The SGP will be the most qualified flight surgeon. Depending upon rank and capability, this will be an Aerospace Medicine Specialist (Air Force Specialty Code AFSC 48AX) whenever one is assigned; or, when no 48AX is assigned, the SGP will typically be the senior flight surgeon, (AFSC 48XX).

1.3.3.2. Is responsible to the MTF/CC for all aspects of aerospace medicine activities IAW 48-101, *Aerospace Medicine Operations*. Reports directly to the MTF/CC and is an active executive staff member.

1.3.4. Chief Nurse (SGN):

1.3.4.1. Each MTF will have a qualified Nurse Corps officer designated as the SGN or designated senior nurse. Each AES will have a qualified Flight Nurse designated as the Senior Chief Flight Nurse.

1.3.4.2. The SGN has primary oversight of the clinical nursing activities of non-privileged providers throughout the organization, and will collaborate with other clinical disciplines in the development of the organizational plan for the delivery of nursing care.

1.3.4.3. The SGN or Chief Flight Nurse ensures that all nursing personnel are competent to perform their assigned responsibilities, IAW AFI 46-101, *Nursing Services and Operations* and advises the MTF/CC or AES/CC about actions required in relation to the clinical performance and professional conduct of non-privileged practitioners.

1.3.4.4. The SGN is responsible to the MTF/CC for all aspects of nursing care.

1.3.5. Chief, Dental Services (SGD):

1.3.5.1. The SGD will be the most qualified dental officer and will typically be the senior dental officer.

1.3.5.2. Is responsible to the MTF/CC for the clinical and administrative aspects of all dental activities.

1.3.6. Administrator (SGA):

1.3.6.1. A senior Medical Service Corps (MSC) officer with a significant level of experience, education, and training in health care administration is designated as the group Administrator.

1.3.6.2. The SGA serves on the Medical Group Executive Committee and as the Risk Manager for the MTF.

1.3.6.3. Secures and manages medical resources and information to ensure the MDG is capable of meeting operational medicine and readiness taskings.

1.3.6.4. Coordinates on all career actions impacting MSC officers assigned to the MTF.

1.3.7. Biomedical Sciences Corps Executive (SGB):

1.3.7.1. Each Medical Group will have a senior Biomedical Sciences Corps (BSC) officer designated as its BSC Executive.

1.3.7.2. The SGB serves on the Executive Committee and other advisory bodies as a special staff advisor on BSC issues including strategic and operational planning, design of services, resource allocations, and decisions regarding utilization and assignment of personnel within the Medical Group.

1.3.7.3. Ensures professional development and performs career counseling for all BSCs.

1.3.7.4. Coordinates on actions impacting BSCs, including applications for additional training, special pays, Airman Development Plans, applications for education programs, nominations for Developmental Education; force shaping initiatives; and others, as appropriate.

1.3.7.5. Coordinates on all BSC OPRs, PRFs, awards and decorations.

1.3.8. Privileged Providers:

1.3.8.1. Privileged healthcare providers assume complete responsibility for evaluating their patients' medical and dental problems and for prescribing an individualized therapeutic program within the scope of their clinical privileges.

1.3.8.2. The responsibility for the care of each admitted inpatient must be assigned to a provider fully privileged for the scope of care appropriate to the inpatient unit.

1.3.8.3. It is the responsibility of the provider to maintain contact with the MTF personnel while on-call. Providers shall not rely on the exclusive use of a pager, beeper, or cellular telephone, and must ensure they can be contacted by MTF personnel in a timely manner.

1.3.8.4. A provider will see and evaluate his/her designated inpatients at least once each day, and document the visit. Patients on holding or self-care units need not see a provider every day, unless new symptoms develop.

1.3.8.5. A privileged provider granted privileges for the scope of care required of an Intensive Care Unit (ICU) will evaluate their patients in an intensive care environment at least twice each day, and document each visit.

1.3.8.6. Privileged providers generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when the immediate family member or the provider is the patient.

1.3.8.6.1. In emergencies or isolated settings where no other provider is available, providers should not hesitate to treat their family members or themselves.

1.3.8.6.2. Providers may not prescribe medications listed on the controlled substances list for themselves or for their family members.

1.3.8.6.3. Except for the emergency or isolated situations mentioned above, providers may not prescribe medications for themselves.

1.3.8.6.4. Providers who prescribe medications not on the controlled substances list for their family members must ensure that an evaluation and documentation of that evaluation is placed in the family member's health record.

1.3.8.6.5. Providers should not order labs, x-rays, consults/referrals or perform procedures on themselves.

Section 1C—Limited Scope Medical Treatment Facilities (LSMTF)

1.4. Definitions.

1.4.1. LSMTFs are medical elements, flights, or small medical squadrons with a credentialed medical provider that do not provide the scope of services found in a medical group. LSMTFs are typically assigned to a line squadron or group (e.g. Air Base Squadron, Mission Support Group or Air Base Group). In some cases, a LSMTF may report directly to a wing or MAJCOM. In the event multiple MAJCOM assets are involved, parent and supporting MAJCOM must approve the Memorandum of Understanding (MOU).

1.4.1.1. LSMTFs are officially designated in the AFMS Flight Path and also referenced in AFI 38-101.

1.4.2. Medical Aid Stations are small medical elements without a credentialed medical provider and are typically located at a geographically separated unit or Munitions Support Squadron site.

1.4.3. Munitions Support Squadron (MUNSS) are geographically separated units responsible for receipt, storage, maintenance and control of United States War Reserve Munitions in support of the North Atlantic Treaty Organization and its strike missions.

1.4.4. Geographically separated units (GSU) are units that are not at the same physical location or base as the parent unit.

1.5. LSMTF Waiver Process.

1.5.1. LSMTFs may not have sufficient personnel to provide all services or meet all requirements described in this AFI. All services provided must be done in a safe manner that ensures high quality care. Some required services/requirements may be provided by a supporting MTF or through civilian services.

1.5.2. If the LSMTF Commander identifies requirements in this AFI that cannot be met by the LSMTF, nor another supporting facility, then a request for waiver will be submitted

through the MAJCOM/SG(s) and AFMOA to SG3 as the final waiver approval authority. The LSMTF must have waivers revalidated every three years by sending an updated request through the MAJCOM/SG and AFMOA for concurrence by SG3.

Section 1D—Personnel Management

1.6. Name Tags.

1.6.1. Name tags worn on the Air Force uniform by members of the AFMS must conform to current policies regarding Air Force uniforms. ***NOTE:*** Optional nametags on hospital work clothing must provide adequate identification of medical personnel.

1.6.2. Use the following designations as described:

1.6.2.1. "Dr." and the last name, for physicians, dentists, and providers possessing doctorate level degrees.

1.6.2.2. Grade and last name of individual on the top line and specialty on the bottom line for officers whose grade insignia does not show on work clothing.

1.6.2.3. Last name of the individual on the top line and specialty on the bottom line for officers whose grade insignia shows on work clothing. If enlisted personnel must wear such name tags, they are furnished to them without cost to the individual. ***NOTE:*** Personnel may not wear name tags authorized for optional wear on service or utility uniforms.

1.7. Use of the Title of Doctor. You may address medical personnel with doctoral degrees as "Doctor" in connection with the performance of their duties. ***NOTE:*** In official communications, address officers of the AFMS by their military rank.

1.8. Policy on Rest Standards.

1.8.1. Each MTF must have written policy on rest standards based on mission requirements, stating:

1.8.1.1. The minimum number of hours of uninterrupted rest between shifts of providing direct patient care.

1.8.1.2. The maximum number of consecutive hours of direct patient care allowed.

1.8.1.3. Time "on call", either at home or in-house, is not considered "direct patient care".

1.8.1.4. The waiver process when those standards must be broken for unusual circumstances.

1.8.2. MTFs with Graduate Medical Education (GME) programs will abide by the Accreditation Council for Graduate Medical Education (ACGME) Standards for duty time and rest standards. **http://www.acgme.org**/.

1.9. Policy on Off-Duty Employment (Refer to AFI 44-119 concerning Adverse Actions and Off-Duty Employment).

1.9.1. Affected Personnel:

1.9.1.1. Medical Corps, Dental Corps, Nurse Corps, Biomedical Sciences Corps, Medical Service Corps, enlisted technicians and civilians who would be members of these corps. Applicability to contract personnel depends upon the wording of the contract.

1.9.1.2. Civilian equivalents only need to comply with provisions of the Joint Ethics Regulation concerning off-duty employment. The MTF/CC may establish additional procedures if the local situation warrants such action. ***NOTE:*** Off-duty employment refers to all forms of off-duty employment; it is not confined to medically related areas.

1.9.2. Requirements:

1.9.2.1. All physicians must attend a briefing by the SGH upon arrival to each new duty station, and then annually, on the provisions and restrictions of off-duty employment. Senior Corps representative will provide the brief to members of other corps. Commanders for officers or civilians permanently assigned to another organization but regularly performing duties within an MTF will have a written agreement with the MTF/CC on methods of fulfilling the requirements.

1.9.2.2. Internal review procedures will be in place to monitor providers' compliance with off-duty employment provisions at least annually.

1.9.3. Types of services that can be provided as off-duty employment:

1.9.3.1. The Air Force encourages healthcare providers to teach, write and publish.

1.9.3.2. Providers may serve other than DOD beneficiaries only when there is documented community or emergency need, or as required to maintain professional competency or readiness skills. The written request to engage in off-duty employment must include an assessment of the impact on the civilian community and practitioners, which can be a statement from the employer, local medical society or the provider's own assessment. This document will be filed with other documentation pertaining to a provider's off-duty employment.

1.9.4. Restrictions for Off-Duty Employment:

1.9.4.1. All personnel on active duty must first obtain the written permission of the MTF/CC, through the Squadron/CC, after coordination with the SGH, SGN, Senior Corps Chief or Career Functional Manager and through the Wing or Group Legal Advisor. MAJCOM and Air Staff personnel require permission from the MAJCOM/SG, United States Air Force Surgeon General (USAF/SG) or their designee, respectively; other non-MTF providers require permission from the most senior medical officer in their chain of command. Commanders should consider factors such as hours per week, work site proximity, travel time, and impact on civilian communities and practitioners when reviewing such requests.

1.9.4.2. Squadron Commanders or higher authority may withdraw permission for personnel to engage in off-duty employment at any time.

1.9.4.3. Off-duty employment shall not exceed 16 hours per week averaged over a 4 week period. This limitation does not apply to off-duty employment performed while on official leave status. ***EXCEPTION:*** The approval authority per 1.9.4.1. may approve periods that exceed the 16 hours per week average.

1.9.4.4. A period of at least six hours of rest must elapse between the end of the off-duty employment and the start of the duty period.

1.9.4.5. Military personnel may only work at a site that is close enough to allow the individual to return promptly if military duty requires return.

1.9.4.6. For off-duty employment during non-duty hours of normal duty days, providers must be able to return to the MTF within two hours by land. Personnel may not travel by air beyond acceptable land travel distances for travel time. For off-duty employment during non-duty days or on official leave, personnel are not restricted by the two-hour return time to the MTF.

1.9.4.7. Military healthcare personnel who are students in graduate medical education training programs may not engage in off-duty employment.

1.9.4.8. Military healthcare providers engaged in off-duty employment may not assume primary responsibility for the care of any patient on a continuing basis at the off-duty site. ***EXCEPTION:*** This does not apply to personnel on terminal leave.

1.9.4.9. Military healthcare providers may not provide off-duty healthcare services:

1.9.4.9.1. On military premises.

1.9.4.9.2. Involving expense to the federal government.

1.9.4.9.3. Using military equipment, personnel or supplies.

1.9.4.10. DOD healthcare providers may not solicit or accept compensation, directly or indirectly, for care rendered to any DOD beneficiary entitled to medical or dental care. Exceptions are listed below:

1.9.4.10.1. Active duty military dentists "moonlighting" in the civilian sector may provide care to individuals enrolled in the TRICARE Family Member Dental Plan, IAW Health Affairs Policy #97-019, Off-Duty Employment by DOD Dental Care Providers.

1.9.4.10.2. This prohibition does not apply to DOD healthcare providers who do not provide care that is a discreetly identifiable or codable service for which the off duty employer can seek reimbursement from TRICARE or the patient. For example, a retail pharmacist earning an hourly wage would not be barred under this rule from filling prescriptions for DOD beneficiaries because TRICARE or the patient is not billed specifically for the pharmacist's service.

1.9.4.11. A DOD healthcare provider may not refer a patient from an MTF to a facility in which the provider maintains off-duty employment. If such referral is unavoidable, the provider must document the reason in a letter to the MTF/CC.

1.9.4.12. Off-duty employers must certify that they accept the compensation and availability limitations placed on DOD healthcare providers and agree that as a condition of off-duty employment, they will not seek reimbursement from TRICARE or directly from the patient for services provided a DOD beneficiary.

1.9.4.13. Individual healthcare providers on off-duty employment must comply with local licensing requirements, Drug Enforcement Agency (DEA) requirements and

provide their own personal liability coverage. The Air Force is not responsible for the actions of individuals working in off-duty employment.

1.9.4.14. DOD healthcare providers will apply for annual leave for any off-duty employment obligations that require absence during duty hours.

1.9.4.15. Each military member approved for off-duty employment must:

1.9.4.15.1. Update the status of off-duty employment within one week of any change in status.

1.9.4.15.2. Submit a monthly summary to the MTF/CC stating the places, dates and hours of off-duty employment performed. In addition the MTF/CC may consider requesting a summary of procedures performed at the off-duty location to help documentation activities in support of maintaining currency. ***EXCEPTION:*** Personnel on terminal leave need not submit monthly summaries.

1.10. Composite Healthcare System (CHCS) and AHLTA Documentation Issues.

1.10.1. Reviewing laboratory and radiologic reports.

1.10.1.1. Every provider must review pending laboratory and radiologic reports in a timely manner, but no less than weekly.

1.10.2. Surrogates:

1.10.2.1. Providers must assign a surrogate in AHLTA/CHCS to review and act on laboratory tests or radiologic studies reported during their absence.

1.10.3. Information Management Sign-out:

1.10.3.1. When a provider is leaving a facility, during a PCS or separation, they must sign all outstanding orders and close out all encounters in the medical record (AHLTA/CHCS) before leaving.

1.11. MTF Requirements for Tracking Test Results: MTFs, with SGH oversight, must:

1.11.1. Implement procedures for tracking diagnostic test results (laboratory and radiology) to ensure timely review by providers, timely notification of the patient and documentation in the medical record of any medically indicated actions taken.

1.11.2. Define critical value thresholds and outline the notification process of critical results including standards for the timely completion of each phase of the process, depending on the test involved and the ordering clinical area.

1.11.3. Assign responsibility for monitoring designated functions.

1.11.4. Develop and promulgate provider and patient responsibilities, providing a way to contact patients with results, i.e., telephone, secure messaging or address.

1.11.5. Implement procedures for locating patients and notifying them of their test results.

1.12. MTF Requirements for Ensuring Prompt Response to Patient-initiated Communications: MTFs, with SGH oversight, must:

1.12.1. Develop procedures to ensure patient-initiated communications to providers are answered promptly and documented in the medical record.

1.12.1.1. The procedures must define standards for timely response based on whether the issue to be addressed is acute, routine, or involves wellness issues. The maximum expected response time for initial contact should be no greater than 24 hours for acute issues and no greater than 72 hours for routine or wellness issues.

1.12.1.2. The procedures must assign responsibility for monitoring this process.

1.13. Policy on Faxing Prescriptions.

1.13.1. In the event that a patient is unable to pick-up a written paper copy of a prescription, and both the provider and the pharmacy concur with the practice, a member of the staff may fax the document to the pharmacy. Faxing of information will be performed IAW Public Law 104-191, *Health Insurance Portability and Accountability Act of 1996 (HIPAA)* privacy and security guidelines.

Chapter 2

POLICIES WHICH COVER MULTIPLE PRODUCT LINES

Section 2A—Treatment Documentation

2.1. Treatment Documentation: Every outpatient evaluation and treatment episode, (including anesthesia; Mental Health therapy, patient education, alternative medicine such as acupuncture and chiropractic; ancillary care such as physical or occupational therapy, nutritional medicine) will be documented and entered into the Outpatient Health Record, Dental Health Record or in an electronic health record in use in the Military Healthcare System. Radiology and laboratory episodes of care will be documented through the generation of reports and results, which must be included in the electronic or Outpatient Health record. In the event that the electronic or Outpatient Health Record is unavailable, the episode will be annotated and sent to the records room for inclusion into the Outpatient Health Record. Inpatient evaluation and treatment will be documented in Essentris or in an electronic health record in use in the Military Healthcare System.

2.1.1. Each MTF must have a written policy outlining procedures for documentation during periods of unavailability of the inpatient or outpatient electronic Health Record, as appropriate for the scope of the facility.

Section 2B—Informed Consent

2.2. MTF/CC Responsibilities: The MTF/CC or designee at each MTF establishes specific guidance on informed consent, consistent with any relevant state law and reasonable standards of medical practice. Although local policy need not list all procedures or itemize what disclosures must be made in specific types of cases, it must provide a method for providers in the MTF to obtain answers to specific informed consent questions such as extent of disclosures or whether to use written consent forms.

2.3. Resolving Questionable Issues.

2.3.1. Providers shall consult the Staff Judge Advocate (SJA) and the regional Medical Legal Consultant (MLC) to determine any questionable standards concerning informed consent.

2.3.2. Providers shall obtain information concerning consent and disclosure practices from local medical institutions, state and national professional organizations, and from the MLC annual briefing.

2.3.3. The attending provider is ultimately responsible for assuring that informed consent is obtained and documented.

2.4. Informed Consent Documentation.

2.4.1. Verbal consent is not routinely acceptable however may be used in extreme circumstances demanding life or limb-saving action.

2.4.2. Consent needs to be obtained and recorded prior to sedation or procedure requiring consent and before premedication is given.

2.4.3. The attending provider documents informed consent on OF Form 522, *Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures* (or other locally required form), on AF Form 1225, *Informed Consent for Blood Transfusion*, or on the SF 600, *Health Record Chronological Record of Medical Care*. When OF Form 522 or AF Form 1225 is used, there must also be an entry or overprint in the medical record. Minimum requirements for the documentation include:

2.4.3.1. The nature of the proposed care, treatment, services, medications, interventions, or procedures.

2.4.3.2. Potential benefits, risks, or side effects, including potential problems related to recuperation.

2.4.3.3. The likelihood of achieving care, treatment, and service goals.

2.4.3.4. Reasonable alternatives to the proposed care, treatment, and service.

2.4.3.5. The relevant risks, benefits, and side effects related to alternatives, including the possible results of not receiving care, treatment, and services.

2.4.3.6. When indicated, any limitations on the confidentiality of information learned from or about the patient.

2.4.4. Dental informed consent will conform to AFI 47-101, *Managing Air Force Dental Services*.

2.5. Documentation for Immunizations: Immunizations will be documented in the Air Force Complete Immunizations Tracking Application (AFCITA) program or the current accepted AF electronic tracking application. Individuals entering data into AFCITA must complete the AFCITA training. Documentation will be IAW AFJI 48-110 *Immunization and Chemoprophylaxis.*

Section 2C—Treating Minors

2.6. General Guidelines:

2.6.1. Special circumstances can occur regarding confidentiality, consent, and treatment of minors. In all instances where MTFs are authorized to provide care to minors without parental consent, personnel must make every effort to encourage the patient to inform parents of their medical issues. In most instances, parents can have access to a minor child's medical record, thus the minor shall be made aware that any care they receive may be discovered. Confidentiality of a minor child's medical record is discussed in AFI 33-332, *Air Force Privacy Act Program.* For specific questions regarding guidance on consent and confidentiality for minors, contact the SJA at the local base for advice, especially when the following situations arise as state laws may vary:

2.6.1.1. Reproductive counseling and care for pregnancy and pregnancy-related conditions.

2.6.1.2. Counseling for drug, alcohol and tobacco abuse.

2.6.1.3. Counseling and treatment for sexually transmitted diseases.

2.6.1.4. Medical conditions where there is an imminent threat to life or limb.

2.6.1.5. Contraceptive counseling and treatment.

2.6.1.6. Counseling and treatment following rape.

2.6.2. Treating Minors in the United States: MTF/CC will comply with local state laws and/or Department of Health and Human Services (DHHS) regulations governing consent for medical treatment of minors, including state definition of a minor. For state-specific guidance, including the rare instances where state law may be overridden by federal law, contact the SJA at the local base for advice.

2.6.3. Treating Minors Overseas: When treating minors without parental consent outside the US, the MTF/CC must work within the general principles of American law and in cooperation with the local Judge Advocate office. MTFs, in consultation with local staff judge advocate/medical legal consultant, may tailor policy on treatment of minors to be sensitive to host nation sensibilities, including setting minimum ages of consent. In the absence of local guidance to the contrary, providers may obtain consent from minors for the conditions listed in 2.6.1.

Section 2D—Chaperones

2.7. Chaperones.

2.7.1. Each MTF shall develop local procedures regarding the use of chaperones, for the protection of both patients and providers. At a minimum, these local procedures must contain:

2.7.1.1. Assurance of privacy for examination and treatment.

2.7.1.2. Strict privacy considerations for robing and disrobing.

2.7.1.3. Circumstances for presence of a third party at request of the patient or provider.

2.7.1.4. Circumstances for presence of a third party during the exposure, examination or treatment of patient's genitalia, rectum or female breasts, and during hypnosis, if performed in the MTF.

2.7.1.5. Communication to the patient of the nature and purpose of the examination or treatment and the extent and purpose of disrobing.

2.7.1.6. Education and training requirements for providers and staff on the role of third parties, procedures for identifying and reporting suspected misconduct and procedures for resolving questions of the use of third parties.

2.7.1.7. ***EXCEPTION:*** In circumstances involving immediate threat to life or limb, medical personnel are not required to offer the presence of a third party.

2.7.2. Each MTF must ensure the chaperone policy is made known and available to all patients. Posting of the policy in patient exam and treatment areas is recommended.

Section 2E—Occupational Medicine

2.8. Work Related Illness and Injuries (conditions of public health significance).

2.8.1. Effective prevention of work related illnesses and injuries begins with all medical providers developing a working knowledge of the major occupational activities taking place at their assigned installation(s). All inprocessing healthcare providers must receive a briefing on the major industrial activities at their base. This will be organized through the SGP or assigned Installation Occupational and Environmental Medicine Consultant (IOEMC). Particular discussion shall focus on how medical illnesses and injuries can arise from these activities and how medical providers can play a role in identifying and preventing these occurrences. Work places, which have experienced occupational illnesses or injuries, shall receive special focus. The installation occupational health program is detailed in AFI 48-145, *Occupational and Environmental Health Program*. This AFI discusses the role of Bioenvironmental Engineering, Public Health, Flight Medicine and Base Safety in assisting MTF providers through the Occupational and Environment Health Working Group and how to evaluate, quantify risk and manage work related injury and illness. This brief should be provided to the professional staff annually.

2.8.2. Healthcare providers must identify and report, using local procedures, all suspected or confirmed occupationally related illnesses to Public Health within 72 hours. Healthcare providers shall also consult with the SGP or IOEMC in order to affect appropriate preventive measures.

2.8.3. In MTFs, policy established by the Infection Control Committee in consultation with Bioenvironmental Engineering regarding Personal Protection Equipment (PPE) and Standard Precautions will be followed by military, civilian and contract workers. Meticulous infection control practices are routinely used to protect healthcare workers and staff, to include the appropriate use of PPE when treating patients.

2.8.4. Suspected clinically acquired infections among healthcare workers should be reported to Infection Control Officer/Management Team.

2.8.5. Bloodborne pathogen exposure incidents (e.g. needlesticks with contaminated needles): When healthcare workers (HCW) are exposed to blood or body fluids, these employees must be evaluated for the potential risks associated with the exposure IAW AFI 44-108, *Infection Control Program* and OSHA, 29 CFR 1910.1030, Bloodborne Pathogens, Final Rule. Each MTF will have a Bloodborne Pathogen Exposure Control Plan with specific instructions outlining the procedures to follow for every exposure incident. At the time of the incident, exposed employees should wash the exposed area, and immediately seek medical care from a credentialed provider. The incident will be documented/reported via at least three mechanisms: 1) on a sharps injury log, if applicable 2) mishap report to the facility safety officer (bloodborne pathogen exposure incidents that result in an injury are reported as occupational injuries, not illnesses), and 3) to Public Health who will track and ensure completion of OSHA required documentation and follow-up procedures.

2.9. Care Of DOD Civilians Injured or Ill in the Workplace or During Work Periods: DOD civilian employees who become ill or who are injured as a result of factors of DOD employment are eligible to and should when possible obtain care from the military health system if the local MTF/CC has determined local resources and contracts can support. They may exercise their right to instead seek care from their private civilian healthcare provider. Employees seeking care in the civilian sector should apply for coverage through the appropriate

compensation program. The employee should be directed to Civilian Personnel Services for guidance regarding how to file for a compensation claim.

Section 2F—Commercial Insurance Company Physical Examinations

2.10. Completion of Forms: Privileged providers may complete commercial insurance company physical examination forms for Air Force beneficiaries. Insurance companies cannot be billed for this service, IAW AFI 41-210, *Patient Administration Functions*.

Section 2G—Medical Core Competencies Obtained During Residency Training

2.11. Overview: Core competencies are developed during residency training and these are to be evaluated during the credentialing and privileging process.

2.12. Electrocardiogram (ECG) Interpretation: Any provider whose residency includes ECG interpretation as a core competency may apply for privileges to interpret ECGs. ECGs need not be sent to Cardiology or Internal Medicine for over-read if a privileged provider annotates an interpretation and signature on the ECG.

Section 2H—Emergency Medical Response

2.13 Automated External Defibrillators (AED) and Public Access Defibrillators (PAD).

2.13.1. MTFs will provide AED services as part of all basic life support provided within the MTF buildings. The MTF/CC may increase the frequency of refresher training to ensure proficiency of personnel.

2.13.2. Required AED training:

2.13.2.1. All MTF personnel trained in BLS will be trained using the AED chapter in the BLS manual, as appropriate for the devices in that particular MTF.

2.13.2.2. Training on AED protocols is required for Emergency Services staff directly involved in patient care. Aerospace Medical Service Specialty Personnel (AFSC 4N0X) assigned to emergency services, acute care clinics, back-up/ on-call ambulance crews, or nursing units utilizing AEDs on crash carts must accomplish AED qualification training semi-annually. ARC personnel require this training when working/assigned to an AD MTF. The MTF/CC may increase the frequency of refresher training to ensure proficiency of appropriate personnel.

2.13.3. Public Access Defibrillators (PAD) are defibrillators in public buildings intended for use by non-medically trained individuals. These devices, the program determining their deployment and use, purchasing and maintenance will be covered by a pending AFI, describing the Air Force Installation Emergency Medical Services Program.

2.14. Requirements for Basic Life Support (BLS) Training.

2.14.1. Each MTF/RMU/CC will designate, in writing, an Emergency Resuscitation training coordinator.

2.14.1.1. The training coordinator will track the BLS currency of assigned members and those in-processing to the MTF/RMU.

2.14.1.2. At DOD affiliated area organizations that are otherwise unable to obtain Emergency Resuscitation training, the MTF/CC designates a training coordinator for BLS provider/instructor training. Organizations requesting the training will provide funding. A Memorandum of Agreement will be established between the organization and the MTF outlining the responsibilities for each party.

2.14.2. Personnel may register and train under the auspices of the American Heart Association (AHA) or in a BLS course based on published national guidelines for BLS, however the Military Training Network is the recommended resource for obtaining required certification cards.

2.14.3. Requirements for personnel (including civilians and contractors) involved in direct patient care:

2.14.3.1. Personnel must maintain current registration in a basic provider CPR (Cardio-Pulmonary Resuscitation) course: AHA BLS Health Care Provider course or an equivalent course based on published national guidelines for BLS.

2.14.4. Requirements for medical personnel (including civilians and contractors) who are not involved in patient care, but are working in patient care areas:

2.14.4.1. All personnel must maintain current registration in the AHA BLS Heartsaver AED, or an equivalent course based on published national guidelines.

2.14.5. Requirements for non-medical personnel (including civilians and contractors) who are not involved in direct patient care and who do not work in patient care areas:

2.14.5.1. The local MTF/CC will determine the CPR/BLS requirement for these personnel. It is recommended all personnel obtain Heartsaver AED training as a minimum.

2.14.5.2. Non-patient care areas possessing an AED will ensure personnel trained in Heartsaver AED (at a minimum) are present during normal business hours.

2.15. Advanced Life Support (ALS) Planning.

2.15.1. Each MTF must have a written plan describing how medical emergencies will be handled for patients in the locality of the MTF.

2.15.1.1. The MTF plan must address provision of ALS.

2.15.1.1.1. Any clinical area that provides moderate sedation for procedures must provide ALS.

2.15.1.1.2. In clinical areas other than those providing moderate sedation, facilities must evaluate the practice environment, patient population, state and community standards, and DOD guidelines in emergency response. See DODI 6055.06 for established timeline for initial ALS capability. The MTF/CC must delineate in writing the plan for ALS capability, who is responsible for that service and confirm the service can meet the DOD timeline.

2.15.1.1.3. If MTF personnel must provide intrinsic ALS capability based on the DOD timeline guidance, then the MTF must insure the necessary supplies and appropriately ALS trained staff are available to provide ALS care.

2.15.2. If an MTF is not present, medical oversight of base emergency response and treatment should be coordinated through a Memorandum of Agreement with the receiving community healthcare organization.

2.16. Requirements for Advanced Life Support Training.

2.16.1. General Requirements for Advanced Life Support training (Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), and Neonatal Resuscitation Program (NRP) or equivalent courses) are noted below. ***NOTE:*** The term "certification" refers to the successful demonstration of written and cognitive skills with a passing grade in an ACLS/PALS/NRP course or the equivalent course based on published national guidelines. The term "training" refers to participation in an entire standard ACLS/PALS/NRP course or the equivalent. Note that test taking is not required for training. The Military Training Network is the recommended resource for obtaining required certification cards.

2.16.1.1. Some MTFs have ALS response teams on call at all times to respond to resuscitative cases. All personnel on this team will have the appropriate ALS certification.

2.16.2. Exemptions, Waivers and Extensions: In some instances, the MTF/CC may provide exemptions or waivers from the requirements for ALS certification and training.

2.16.2.1. Exemptions: Individuals with sufficient critical care training and experience in managing cardiopulmonary arrest situations independently, and who are actively engaged in clinical care, may request a letter of exemption from certification from the MTF/CC. This exemption must be reviewed by the credentials function and reaccomplished every 2 years. Documentation pertaining to the nature and extent of each review will be maintained in the appropriate provider credentials file.

2.16.2.2. Waivers: In select situations, the MTF/CC may waive the requirement for periodic ALS certification. Such situations may apply to civilian contractors who work limited hours as well as in settings where there is adequate emergency back-up and ALS capabilities. This waiver authority shall be used sparingly, and not based on a person's inability to pass the certification.

2.16.2.3. Extensions: In situations where a provider's ALS certification expires and the provider is not able to accomplish recertification, the MTF/CC may grant an extension for up to 3 months. The extension must be reviewed by the credentials function.

2.16.3. Specific ALS training requirements:

2.16.3.1. ACLS certification is required by any privileged healthcare provider (physician, resident physician, physician assistant, or nurse practitioner) assigned to the emergency department or urgent care center (UCC). In addition, ACLS certification is required by any privileged healthcare provider who provides moderate sedation or general anesthesia to adults (18 years and older), regardless of the clinical area where the care is provided. If the MTF does not have an ALS response team, then privileged healthcare providers responsible for inpatient care areas with cardiac monitoring (Intensive Care Unit, Cardiac Care Unit, etc.) would also need ACLS certification. Other health care providers (medical/dental) requiring ACLS are at the discretion of the MTF/CC.

2.16.3.1.1. ACLS training is required for nurses assigned to the emergency department or UCC. If the MTF does not have an ALS response team, then nurses assigned to inpatient care areas with cardiac monitoring (Intensive Care Unit, Cardiac Care Unit, etc.) would also need ACLS training. ACLS training is optional for medical technicians assigned to the emergency department or UCC. Other health care personnel requiring ACLS are at the discretion of the MTF/CC.

2.16.3.2. PALS certification is required by any privileged healthcare provider (physician, resident physician, physician assistant, or nurse practitioner) assigned to the emergency department or UCC. PALS certification is also required by pediatric providers assigned inpatient pediatric duties. In addition, PALS certification is required by any privileged healthcare provider who provides moderate sedation or general anesthesia to infants, children, and/or adolescents (before the 18th birthday) regardless of the clinical area where the care is provided. Other health care providers (medical/dental) requiring PALS are at the discretion of the MTF/CC.

2.16.3.2.1. PALS training is required for nurses assigned to the emergency department , UCC or assigned inpatient pediatric duties. PALS training is optional for medical technicians assigned to the emergency department, UCC or assigned inpatient pediatric duties. Other health care personnel requiring PALS are at the discretion of the MTF/CC.

2.16.3.3. NRP certification is required by any privileged healthcare provider (physician, resident physician, physician assistant, nurse practitioner, nurse anesthetist, or midwife) who routinely attends a delivery.

2.16.3.3.1. NRP training is required for nurses who work in labor and delivery, the newborn nursery, and the neonatal intensive care unit. NRP training is optional for medical technicians working in these areas.

2.16.4. Timing of training: Required initial life support training will be accomplished within 6 months of this publication revision, or within 6 months of assignment to the areas noted above, whichever is later. The local MTF/CC may grant an extension of an additional 6 months.

2.16.4.1. Retraining and/or recertification will occur as dictated by the overseeing organization (ACLS, PALS, or NRP).

2.17. Ambulance Services. All guidance concerning Ambulance Services will be located in a future AFI 10-series instruction.

Chapter 3

PRIMARY CARE PRODUCT LINE

Section 3A—Provision of Care Guidance

3.1. Provision of Care.

3.1.1. Primary care, pediatrics, internal medicine and aerospace medicine clinics will abide by the medical concept of providing a Primary Care Manager (PCM) for patients to provide continuity of general preventive, diagnostic and therapeutic care for patients. The preferred practice model is the Patient Centered Medical Home.

3.1.2. The Family Health Team (FHT) will serve as the "medical home" for Air Force beneficiaries enrolled in family health IAW AFI 44-171, *Patient Centered Medical Home and Family Health Operations*. This model serves to promote and deliver quality evidence-based care grounded on population health principles, recruit/retain medical professionals, and focus on maximization of clinical currency and operational capabilities of family health team members.

3.1.3. Aerospace medicine provides occupational health consultation and direct operational support services, IAW AFI 48-101, *Aerospace Medicine Operations*, and AFI 48-123, *Medical Examinations and Standards*.

3.1.4. Emergency Services Availability. When an MTF is unable to staff an emergency department 24 hours a day, the MTF must publicize alternate sources of care. Acute or urgent care centers do not qualify as emergency departments.

3.1.5. The MTF/CC may organize any specialized medical or surgical service as a separate organizational element within the wing, group and squadron structures described in the most current OMG guidance.

3.2. Clinical Support Staff Protocols. The AFMS encourages the use of clinical support staff protocols to optimize patient care and the utilization of support staff to function at the maximum level of practice. Identification, development, approval and execution of Support Staff Protocols can be found in AFI 46-101, Nursing Services and Operations, and AFI 44-171, *Patient Centered Medical Home and Family Health Optimization*.

3.2.1. AFMOA generated protocols will be reviewed by AFMS consultants and Career Field Managers and do not require approval by MTF Executive Committee of the Medical Staff (ECOMS) unless modified.

3.2.2. All staff involved with the use of approved Support Staff Protocols, to include nurses, medical technicians, Independent Duty medical Technicians (IDMTs) and administrative clinic staff will have protocol training and competency documented in the individual's training record.

3.2.3. All privileged provider staff involved with the use of approved Support Staff Protocols will have protocol training documented in the individual's Provider Activity File. Knowledge of the proper use of the protocols and support of the clinical staff is imperative for maintaining consistent patient care standards and safety.

3.2.4. When clinical decision support staff protocol use falls outside of the usual scope of practice for a nurse, technician, or an Independent Duty Medical Technician (IDMT), a waiver must be requested by the MTF IAW AFI 44-119, *Medical Quality Operations*.

3.3. Medication Administration.

3.3.1. Medication administration principles and practices for nursing personnel are outlined IAW AFI 46-101, *Nursing Services and Operations*.

3.3.2. Prescribing privileged providers have the ultimate responsibility for the correct dispensing of pre-packaged medications maintained outside of the Pharmacy IAW Chapter 9, Pharmacy Services of this AFI.

Section 3B—Pseudofolliculitis barbae

3.4. MTF Policy: MTFs will develop written policies and procedures for managing personnel with pseudofolliculitis barbae. Allowable length of facial hair during active inflammation will be no longer than one-quarter inch as approved by the installation commander.

Section 3C—Use of Weight Control Drugs and Surgery

3.5. Use of Weight Control Drugs and Surgery.

3.5.1. Weight control medication is not approved for routine use in overweight active duty members and will not be a standard part of the MTF formulary. However any active duty members who are overweight or obese should be counseled on diet and exercise. This preventive counseling should be documented in the medical record.

3.5.2. Short term use of weight control medication may be considered in carefully selected obese patients with a Body Mass Index (BMI) of 30 kg/m2 or greater, or in those with a BMI equal to or greater than 27 with significant comorbid risk factors (such as hypertension, dyslipidemia or insulin resistance syndrome). Drug therapy shall be used in conjunction with behavioral modification, monthly provider follow-up, dietary counseling, and appropriate aerobic exercise. At a minimum, these individuals require history and physical examination, fasting blood glucose, thyroid function studies and evaluation for secondary causes of obesity, as well as complete blood count, lipid profile and a 24-hour urine collection for urine free-cortisol where indicated.

3.5.3. Use of appetite suppressants or lipase inhibitor drugs must be IAW AFI 48-123 when considering duty restrictions, deployment or flying status. If medication is used, an AF 469, *Duty Limiting Condition Report* is required prohibiting deployment for the duration of the short-term supervised therapy.

3.5.4. Active duty members are not authorized to obtain weight reduction (bariatric) surgical procedures.

Chapter 4

MATERNAL-CHILD PRODUCT LINE

Section 4A—Preventive Services

4.1. Periodic Health Maintenance Examination.

4.1.1. MTFs must ensure there will be adequate capability to administer women's health periodic examinations within the direct-care system or network for all female beneficiaries age 18 years and older, and for those under the age of 18 years who are sexually active. These capabilities must include at least the following: Papanicolaou smear (Pap smear), chlamydia testing, pelvic examination, breast examination, blood pressure measurement, family planning and contraceptive counseling for those desiring this service.

4.1.2. MTFs must develop policies to ensure reporting Pap smears results to the patient within 14 duty days from collection of the specimen. ***EXCEPTION:*** At isolated clinics or overseas locations, report the results within 30 duty days.

4.1.3. Nationally recognized guidelines, such as those published by the American College of Obstetricians and Gynecologists, US Preventive Services Task Force (USPSTF) or other similar authority, shall govern the frequency of periodic screening examinations. Medical readiness requirements may necessitate more frequent Pap smear screening than every 2-3 years. In some situations, the privileged provider may determine that a woman does not require a portion of the usual annual examination. If so, the provider will discuss the basis for that recommendation with the patient and advise her of the time frame for and the content of the next examination. This must be documented in the medical record.

4.2. Breast Imaging.

4.2.1. Beginning at age 40, MTFs must offer screening mammograms for all active duty women and other eligible beneficiaries. The procedure may be performed in the MTF where the service is available or in the purchased care system when the MTF cannot provide the service. The frequency of performing mammography shall be guided by discussion with the primary care provider, taking into account the patient's risk factors and current guidelines.

4.2.1.1. Accepting self-referring/self-requesting patients who have not had a Clinical Breast Exam (CBE) prior to breast imaging is an acceptable practice within the AFMS. Each MTF must develop a local policy regarding self-referrals/self-requests for screening mammograms, which addresses the following areas: the process how a patient may schedule the mammogram, how the PCM will be notified of the patient's request for the mammogram, the process for identification/disposition of those requesting services more often than clinically indicated and the follow-up process for clinical breast care after the mammogram.

4.2.2. MTFs must make diagnostic breast imaging available to women at any age who have been identified by their healthcare providers as requiring additional evaluation as indicated by individual risk factors. The procedure may be performed in the MTF where the service is available or in the purchased care system when the MTF cannot provide the service.

4.2.3. Radiology Services will provide appointments within 30 calendar days of the request for screening mammography, and within five days for diagnostic breast imaging.

4.2.4. Where the MTF provides the mammography service, providers (either the ordering provider or the interpreting radiologist, according to the written local practice) will notify the patient of test results within 14 duty days for screening mammograms and five duty days for diagnostic breast imaging, and assist the patient to make appropriate follow-up appointments.

4.2.5. Mammograms shall only be performed at locations (in the MTF or in the purchased care system) that are accredited by the American College of Radiology (ACR), an accrediting body approved by the Department of Health and Human Services (DHHS) IAW 21 Code of Federal Regulations (CFR) 900, *Mammography Accreditation*, or a host nation equivalent for OCONUS locations.

4.2.5.1. As the ACR and DOD have presently no mechanism for determining host nation equivalence, review of site procedures for ensuring clinical quality and appropriate dose delivery may be made by a Mammography Quality Standards Act (MQSA) qualified radiologist and medical physicist. This may be appropriate if host nation services are found to be a quality option. An initial MSQA survey performed by an AF medical physics consultant and a clinical site visit by the lead interpreting AF radiologist must be performed at the host nation facility prior to use of their mammography services. Annually or after any major equipment repair/modification the host nation facility must make available to the regional AF medical physics consultant a report that includes at a minimum: 1) an MQSA image quality phantom evaluation and 2) the mean glandular dose equivalent for a 50-50, 4.2 cm breast. Additional test results to show compliance with the ACR accreditation standards are highly encouraged.

4.2.5.2. Telemammography may be practiced when appropriate accreditation of digital mammography acquisition and interpretation can be certified at both sites and procedures are in place to assure appropriate technologist oversight, timely interpretation, and a mechanism for diagnostic workup of patients requiring further evaluation in a timely manner. A challenging cost benefit analysis should be carefully weighed where this is considered for remote locations with sufficient population to warrant the service.

4.2.6. Local policy will guide breast imaging sign-out procedures:

4.2.6.1. Original breast images will be released to the patient or to an authorized designee upon request.

4.2.6.2. Strict sign-out procedures will be instituted and maintained to ensure accountability for the films. Permanent transfer to another MTF is permitted.

Section 4B—Gynecological Services

4.3. Gynecological Care.

4.3.1. Acute or emergent gynecologic services must be made available in the direct or purchased healthcare system. Patients with emergent problems shall be seen immediately, and with urgent problems shall be seen within one duty day. Clarification of degree of urgency should be accomplished through discussion between the referring provider and the gynecologic services provider.

4.3.2. MTFs will ensure that routine gynecologic care is available within 28 calendar days.

4.4. Emergency Contraception.

4.4.1. MTF/CCs will ensure that FDA-approved emergency contraceptive agents will be ordered, stored, dispensed, distributed and accounted for IAW AFI 44-102, Chapter 9. ***NOTE:*** Medical personnel who, for moral or ethical, religious or professional grounds, object to providing emergency contraception need not perform or assist in such a procedure but are obligated to facilitate timely identification of a willing provider. Medical personnel should register their objections to the SGH or Department Chairperson on arrival to the MTF. This will allow sufficient time to make alternative arrangements for emergency contraception services prior to the need arising.

4.4.1.1. Upon dispensing, patients will receive a patient information handout obtained from the manufacturer or the FDA website.

4.4.1.2. FDA-approved emergency contraceptive agents will be dispensed by prescription only and documented in the medical record and the AHLTA/CHCS medication profile.

4.4.1.3. Emergency room dispensing of FDA-approved emergency contraceptive agents must be under the direct supervision and control of a privileged medical provider.

4.4.1.4. Procedures will allow medical personnel who, for moral, ethical, religious or professional grounds, object to providing family planning services, not to be required to participate unless their refusal poses life-threatening risks to the patient. Alternative arrangements to avail the patient of the medication shall be made in the event of such a refusal.

4.5. Induced Abortion (Refer to Section 2C, *Treating Minors* also).

4.5.1. Federal Law (10 USC 1093) prohibits the use of DOD funds to pay for abortion. ***EXCEPTION***: When the life of the mother would be endangered if the fetus were carried to term AFMS personnel may induce abortion.

4.5.2. Overseas MTFs may perform prepaid abortions only in cases where the pregnancy is a result of rape or incest.

4.5.3. Medical personnel who have a personal or moral objection to abortion need not perform or assist in the abortion procedure but are obligated to facilitate timely identification of a willing provider if the patient qualifies for an abortion at a MTF. ***NOTE:*** This applies only to personnel directly involved in performing the abortion procedure itself.

4.5.4. All patients (active duty and family members) must pay for the abortion, when the procedure is permitted, at the current same-day surgery rate published in the Federal Register. ***EXCEPTION***: When the life of the mother would be endangered if the fetus were carried to term AFMS personnel may induce abortion without charging the patient.

4.5.5. When the patient is an adult or an emancipated minor (as determined by the applicable law), only the patient's consent for the abortion is required. Consult the MLC or servicing staff judge advocate if there are questions of whether a patient is an emancipated minor.

4.5.6. When the patient is a minor, healthcare providers will follow state law (in the United States) or local policy (outside the United States) when obtaining valid consent, in

accordance with para 2.6. If the law/policy allows the minor to provide consent when a healthcare provider deems her sufficiently mature, the MTF/CC (or SGH in the event that the MTF/CC is not a physician) will make that judgment.

4.5.6.1. Consultation with the base legal services and the Medical Law Consultant are recommended whenever these situations arise.

4.5.7. The Air Force will respect host nation laws regarding abortion. The consent procedures described above in 4.5.5. and 4.5.6. apply in the absence of controlling host nation laws or legal requirements.

4.5.8. Any complication resulting from an elective abortion procedure will be treated as would any medical problem/complication.

Section 4C—Family Planning

4.6. Family Planning Services Provided (Refer to Section 2C, *Treating Minors* also): MTFs will provide family planning services including contraceptives and sterilization through the direct or purchased care system. ***NOTE:*** Medical personnel who, for moral or ethical, religious or professional grounds, object to providing family planning services need not perform or assist in such procedures but are obligated to facilitate timely identification of a willing provider. Medical personnel should register their objections to the SGH or Department Chairperson on arrival to the MTF. This will allow sufficient time to make alternative arrangements for family planning services prior to the need arising.

4.7. Sterilization (Refer to Section 2C, *Treating Minors* also).

4.7.1. The patient requests sterilization by signing AF Form 1302, *Request and Consent for Sterilization*. The signature of a spouse or significant other is not required.

4.7.2. MTFs may perform sterilization procedures, or refer patients to another MTF or civilian facility where the procedure is available.

Section 4D—Medical Care Related to Pregnancy

4.8. Standards (Refer to Section 2C, *Treating Minors* and Section 4E, *Newborn Care* also).

4.8.1. The Air Force adheres to the Newborns' and Mothers' Health Protection Act of 1996, and respects the standards published in the American College of Obstetricians and Gynecologists (ACOG) Manual of Standards in Obstetric-Gynecologic Practice and ACOG technical bulletins. In certain situations, an MTF may need to develop more specific guidance. All hospitals offering labor and delivery services shall be equipped to perform emergency Cesarean section (C-section) delivery per the guidelines published by the American College of Obstetricians and Gynecologists.

4.8.2. IAW the Newborns' and Mothers' Health Protection Act, the following standards are expected:

4.8.2.1. Inpatient maternity care provided by the AFMS will be available for a minimum of 48 hours following a normal delivery, and for a minimum of 96 hours following delivery by C-section. No additional approval or authorization is needed for care that falls within these guidelines.

4.8.2.2. The length of post-delivery hospital care shall involve consideration of maternal and infant health, a psychosocial assessment of the family's ability to care for a newborn infant, and the availability of follow-up care for both mother and infant.

4.8.2.3. A mother and her newborn may be discharged from the hospital in less than 48 or 96 hours, providing that the decision is made by the attending provider(s) in consultation with the infant's mother.

4.8.2.4. Adherence to this policy does not require a beneficiary to either give birth in a hospital, or to stay in the hospital for a fixed period of time following the birth of a child.

4.8.3. The AF/SG endorses the policy of ACOG and AAP *Guidelines for Perinatal Care*, "Because intrapartum complications can arise, sometimes quickly and without warning, ongoing risk assessment and surveillance of the mother and the fetus are essential. The hospital, including a birthing center within a hospital complex, provides the safest setting for labor, delivery and the postpartum period. This setting ensures accepted standards of safety that cannot be matched in a home birthing situation. " Due to these concerns, the Air Force does not favor home delivery. If an elective home delivery on base is planned nonetheless, the installation Commander, in consultation with the MTF/CC, will first ascertain to his/her satisfaction whether the provider participating in the delivery is properly licensed by the host jurisdiction to perform the procedure and that the welfare of personnel on base is not jeopardized.

4.9 Vaginal Delivery Sponge and Sharp Counts on Labor and Delivery Units.

4.9.1. Unintended Retained Foreign Object (URFO) events associated with vaginal delivery are considered sentinel events. MTFs will report these events to the local Patient Safety and Risk Manager.

4.9.2. MTFs will develop a policy/operating instruction with a standardized method to account for sponges, sharps, needles and other miscellaneous items during a vaginal delivery. The policy will include the use of radio-opaque tailed sponges, pre and post procedural counting of sponges and needles and documentation in the patient record of who counted and that the count was correct.

4.9.2.1. The MTF will comply with the algorithm, "Unintended Retained Foreign Objects During Vaginal Delivery" in Attachment 2, and develop a plan for orientation, training and sustainment. Monitoring and reporting the effectiveness of this process is critical, therefore, the MTF shall monitor for trends.

4.9.3. MTFs will ensure only radio-opaque tailed sponges are stocked in Labor and Delivery and placed in all delivery packs for use. Sponges will remain originally configured and will not be cut. Staff will ensure a count sheet accompanies all delivery and precipitous delivery packs maintained on labor and delivery units.

4.9.4. Two individuals, one of whom will be a Registered Nurse (RN), Advanced Practice Nurse (APN), or Physician (MD or DO), will perform all counts. Personnel will separate sponges being counted. Sponges will be counted audibly and concurrently viewed during the procedure. Additional sponges or items added to the field will be counted at that time and recorded as part of the count documentation to ensure accuracy.

4.9.5. Labor and Delivery personnel will perform a "Call Out" when a sponge is placed in a body cavity and when a sponge is intentionally left in place. There will be written documentation of placement and removal of intentionally placed vaginal sponges.

4.9.6. Provider called away from delivery. If the delivering provider is urgently called away from the delivery, the final count will be completed by two other qualified members of the labor and delivery team. One member will be an RN, APN, or MD/DO.

4.9.7. The count sheet will not become part of the patient record. It will be discarded after use. The provider of care will document in the patient record who counted and that the count was correct, or the findings and results from actions implemented for unreconciled counts.

4.9.8. Additional Counts. At any time a member of the team may request an extra count. The delivering provider will determine whether the patient's status and/or the situation warrant the extra count.

4.9.9. Incorrect Counts. When the final count is incorrect, the counting process will be repeated, with special attention to performing a vaginal and/or rectal exam, opening of saturated sponges, inspection of the under-buttocks drape, and inspection of the floor and surrounding area. If the repeat count remains incorrect, a pelvic radiograph must be obtained for a potential URFO. The delivering provider along with the radiology team may determine whether a portable x-ray is adequate. If the count still cannot be reconciled, this must be documented in the patient's record, an incident report must be completed, and the patient safety representative must be informed.

4.9.10. Precipitous Deliveries. Precipitous deliveries occurring on labor and delivery, in the field, ambulances, emergency room, and clinics, in which obtaining a baseline count was not performed or able to be reconciled, the provider of care will perform a vaginal sweep, obtain an x-ray for URFO, complete an incident report and document the results of the pelvic exam and x-ray in the patient record. The incident report will be forwarded to the patient safety manager.

4.9.10.1. Precipitous delivery packs maintained on labor and delivery units usually contain no countable items. Once opened, radio-opaque tailed sponges, additional countable items and a count sheet will be added to precipitous delivery packs. A baseline count will be performed if time permits.

4.9.10.2. Precipitous delivery packs maintained in the field, ambulances, emergency room, clinics, and areas with pre-packaged delivery kits, do not need to be replaced if current, however, replacing the packs to meet URFO requirements is strongly recommended as the kits approach expiration.

4.9.11. Patient transfer to OR or ICU. If the patient is moved from labor and delivery to another unit within the facility, a final count of the vaginal delivery equipment will be performed prior to transport, if the patient's status permits. If a final count is not completed due to patient's condition, this will be relayed to the accepting staff during hand-off communication and documented in the record. An x-ray for potential URFO will be obtained once the patient's status permits. The results will be documented in the patient record. An incident report will be completed and forwarded to the patient safety manager.

4.9.12. Patient transferred to civilian hospital. If patient is transferred to a civilian institution, and a final count is not completed, this information will be relayed to the accepting staff during hand-off communication and documented in the record. An incident report will be completed and forwarded to the patient safety manager.

4.10 Trial of Labor for Vaginal Birth after Cesarean Section (VBAC).

4.10.1. MTFs shall provide the option for trial of labor for VBAC. Options include attempting a trial of labor at the local MTF, referring the patient to local civilian care or offering aeromedical evacuation to an MTF that has the ability to provide this service.

4.10.2. MTFs providing a trial of labor to attempt a VBAC must have an obstetric provider with cesarean section privileges, a privileged provider of anesthesia (anesthesiologist or anesthetist), and surgical support to include a circulating nurse, and scrub technician available in-hospital for the duration of active labor and delivery to perform an emergency cesarean section.

4.10.3. Trial of labor to attempt a VBAC is NOT a contraindication to receiving epidural anesthesia for labor and delivery, or for the use of an oxytocic agent for induction or augmentation of labor.

4.10.4. Misoprostil (Cytotec) shall NOT be used for cervical ripening or induction of labor in third trimester patients who have had a previous cesarean delivery or major uterine surgery. If misoprostil is used in first or second trimester labor stimulations (e.g.in cases of embryonic or fetal demise) the lowest effective dose should be used and other medical or surgical options to affect the delivery should be considered. Misoprostil (Cytotec) shall NOT be used for cervical ripening or induction of labor in patients who have had a previous cesarean delivery or major uterine surgery.

4.11. Epidural Anesthesia for Delivery.

4.11.1. MTFs shall provide the option of epidural anesthesia or analgesia for normal vaginal deliveries. Options include performing the procedure at the local MTF, referring the patient to local civilian care and offering aeromedical evacuation to an MTF that has the ability to provide this service.

4.11.2. A physician with obstetrical privileges, or a similarly privileged provider fully familiar with the case will remain readily available to manage the patient's progress. "Readily available" will be defined by MTF policy, based on the local situation.

4.11.3. A physician with C-section privileges must concur with the plan of management.

4.12. Use of Oxytocic Drugs in Pregnancy.

4.12.1. Prior to the initiation of an oxytocic agent, a provider privileged in obstetrics (obstetrician, family physician or certified nurse midwife) must evaluate the maternal and fetal status and progress of labor. When oxytocin is used during labor, a provider with C-section privileges shall be readily available. "Readily available" will be defined by MTF policy, based on the local situation. Personnel familiar with the effects of oxytocin and who are able to identify maternal and fetal complications shall be in attendance during administration of oxytocin.

4.12.2. A physician with C-section privileges must concur with the plan for using the oxytocic agent, the management of labor, and, along with the facility, must be prepared to initiate C- section within 30 minutes of the time the decision is made that C-section is indicated.

4.13. Restrictions for USAF Military Personnel During Pregnancy and Profiles.

4.13.1. Duty Restriction Recommendations: Duty restriction recommendations are made by the patient's obstetrical healthcare provider, working with Public Health personnel, Bioenvironmental Engineering, Aerospace Medicine and the patient's supervisor. The obstetrical healthcare provider:

4.13.1.1. Recommends restricted duty for active duty pregnant personnel based on the patient's work environment and the patient's overall medical condition.

4.13.1.2. Documents the duty restrictions on AF Form 469, *Duty Limiting Condition Report*, and forwards the form to the Force Health Management section. A profile officer in either Flight Medicine or Occupational Medicine will ensure that the occupational hazards affecting pregnancy have been addressed in the restrictions, and that the member's mobility status is changed, disqualifying the member from deployment. Refer to AFI 10-203, *Duty Limiting Conditions,* and AFI 36-2110, *Assignments,* for details.

4.13.1.3. The mobility restriction will remain in effect until the completion of any post-pregnancy convalescent leave. Force Health Management will ensure the appropriate duty restrictions are sent to the member's unit. Duty restrictions are based upon the recommendations of the attending provider and must include specifics such as specific tasks that are not to be performed, contaminated areas or places of increased exposure risk, number of hours to be worked in a week, the number of specific hours per day or shift the member can work and if the member is restricted to a specific shift. The member's unit and the member are responsible for notifying the respective unit deployment manager (UDM) of the medical condition.

4.13.1.4. In all cases, the duty restriction shall attempt to balance the patient's medical needs with the rights of the military member to fully participate in unit activities.

4.13.1.5. When the obstetrical healthcare provider is a civilian, recommendations will be reviewed by a military medical provider (PCM) through the Force Health Management section, who will make a final duty recommendation to the military member and her supervisor via AF Form 469.

4.13.1.6. If the pregnancy terminates early, then the AF Form 469 should be modified as clinically appropriate. See AFI 36-2905, *Fitness Program,* for additional details.

4.13.2. The Air Force Reserve Component (AFRC) and the Air National Guard (ANG) medical units use public health recommendations along with appropriate Reserve and Guard directives (AFRCI 41-104, *Pregnancy of Air Force Reserve* Personnel, or ANGI 40-104, *Pregnancy of Air National Guard* Personnel) to complete AF Form 469.

4.13.3. For Individual Mobilization Augmentees (IMA) the unit of attachment completes the AF Form 469 using base public health procedures, and sends a copy to Headquarters, Air Reserve Personnel Center (HQ ARPC/SGP) for disposition.

4.14. Chemical Warfare Defense Ensemble (CWDE) during pregnancy.

4.14.1. Pregnant Military Members:

4.14.1.1. May not participate in mask confidence training (Refer to AFMAN 32-4006, *Nuclear, Biological, and Chemical (NBC) Mask Fit and Liquid Hazard Simulant Training*, chapter 3 also), i.e. enter the confidence chamber.

4.14.1.2. Less than 20 weeks gestational age, the member may wear or carry CWDE until it no longer fits, and during exercises, excluding the confidence chamber, use the following ambient temperature guidelines:

4.14.1.2.1. If the temperature is below 70 degrees Fahrenheit, the member may wear the full ensemble.

4.14.1.2.2. If the temperature is above 70 degrees Fahrenheit, the member shall wear only the mask, hood and helmet. The chemical protective suit is carried. The member will not wear or carry the flak vest or web belt.

4.14.1.3. After 20 weeks gestation, the member must demonstrate proficiency in donning the mask at the beginning of exercise or training, but not participate in the confidence chamber. After completing the proficiency demonstration, the member may carry the mask but does not have to wear it. The member does not carry or wear the helmet, flak vest, web belt or chemical protective suit. All activities involving exercises or training shall be with the approval of the attending provider with documentation on the AF Form 469.

4.15. Assignment Curtailment in Isolated or Remote Areas.

4.15.1. Pregnant members assigned to areas without obstetrical care will have their assignments curtailed by the 24th week of pregnancy or earlier and are reassigned by AFPC.

4.15.2. If local medical personnel are not capable of managing the early complications of pregnancy or the pregnancy is complicated, the member's assignment shall be immediately curtailed.

4.16. Breastfeeding and Breast Pumping.

4.16.1. Breastfeeding provides optimal health benefits for both mother and infant throughout their life spans. Exclusive breastfeeding is optimal nutrition for the first 6 months of life. Gradual introduction of solids begins in the second half of the first year and complements human milk, which remains essential to nutrition during this period. Extensive medical research has documented that breastfeeding has significant health, nutritional, immunologic, developmental, emotional, social, and economic benefits to mother and baby. The AFMS recommends that supervisors of AF members who are breastfeeding work with the member to arrange their work schedules to allow 15-30 minutes every 3-4 hours to pump breast milk in a room or an area that provides adequate privacy and cleanliness. Restrooms should not be considered an appropriate location for pumping. The AF member must supply the equipment needed to pump and store the breast milk.

4.16.2. AF members who are breastfeeding or pumping remain eligible for field training, mobility exercises, and deployment. However, AFI 36-2110, *Assignments*, supports deferment from deployment for 6 months post partum. AF commanders may consider supporting deferment of deployment for breastfeeding mothers for 12 months post partum to ensure the full medical benefits of breastfeeding.

4.16.3. The AFMS encourages commanders' modifications of these activities and/or work conditions for Airmen who are breastfeeding, when possible. Nonetheless, duty requirements may not always be compatible with exclusive breastfeeding. In these cases, the AF member must decide in consultation with her medical provider whether to attempt to continue breast-feeding and/or pumping breast milk. AF Form 469 is not the mechanism for documentation that an AF member is breastfeeding.

4.17. Weight and Fitness Compliance.

4.17.1. Postpartum active duty women must comply with the Air Force Fitness Program by 6 months after delivery or as recommended by their active duty obstetrical provider, or their active duty primary care manager with obstetrical consultation where the member's obstetrician is a civilian.

4.18. Illness During the Prenatal Period.

4.18.1. Providers may not recommend convalescent leave during the prenatal period for pregnancy-related time off work.

4.18.2. Providers may authorize quarters as usual for up to 72 hours for medical issues not related to the pregnancy. For issues related to the pregnancy, use Obstetrical Quarters (OB Quarters) status. ***NOTE:*** There is no duration limitation on OB Quarters, but the attending provider must evaluate the patient at least weekly and document this evaluation in the medical record.

4.18.3. Providers place prenatal patients discharged from inpatient status, but medically unable to return to duty, in Subsisting-Elsewhere Status.

4.19. Evaluation of Pregnant Civilian Employees.

4.19.1. When a civilian who is employed by the Air Force presents confirmation of pregnancy to the supervisor, the supervisor refers her to Public Health.

4.19.2. Bioenvironmental Engineering evaluates workplace risks in conjunction with Public Health and Aerospace Medicine, advises the employee of any identified risks, and reports the risks with any recommended techniques for avoiding the risks to the employee and her supervisor.

4.19.3. When the obstetrical healthcare provider is a civilian, recommendations will be reviewed by a military medical provider through the Force Health Management section, who will make a final duty recommendation to the civilian employee and her supervisor.

Section 4E—Newborn Care

4.20. Newborn Screening.

4.20.1. MTFs must develop written policies and procedures for screening and treatment programs using state health requirements and the guidelines in the most recent edition of *Guidelines for Perinatal Care*, prepared by the American Academy of Pediatrics (AAP) and ACOG. Results of newborn screening should be entered into the patient's medical record.

4.20.2. MTFs must ensure sickle cell screening is included in routine newborn screening (not included in some state newborn screening panels).

4.20.3. MTFs must ensure newborn hearing screening is performed. This is provided by many facilities as a standard portion of perinatal care.

4.21. Newborn and Intensive Care Nurseries: Refer to the most recent edition of *Guidelines for Perinatal Care* for functional capabilities, physical plant, equipment and procedures for intensive care and transfer plans for newborns.

4.22. Newborn Hospital Stay.

4.22.1. All breastfeeding newborn infants should be seen by a pediatrician or other knowledgeable and experienced health care professional at 3 to 5 days of age as recommended in the AAP statement *Breastfeeding and the Use of Human Milk* (2005).

4.22.2. For newborns discharged less than 48 hours after delivery, the PCM or attending physician shall provide follow-up IAW AAP statement *Hospital Stay for Healthy Term Newborns* (2010). For newborns discharged less than 48 hours after delivery, an appointment should be made for the infant to be examined by a licensed health care professional, preferably within 48 hours of discharge based on risk factors but no later than 72 hours in most cases. If this cannot be ensured, discharge should be deferred until a mechanism for follow-up evaluation is identified. Mother and infant shall be evaluated individually to determine the optimal time of discharge. The timing of discharge shall be the decision of the physician caring for the infant and not by policy established by third-party payers.

Chapter 5

MEDICAL SERVICES PRODUCT LINE

Section 5A—Reportable Diseases and Conditions

5.1. What and How to Report.

5.1.1. Providers shall report diseases and conditions of public health or military significance as defined in the installation reportable events list developed annually by the Public Health staff, as well as any other unusual conditions or clusters to the Public Health Office IAW AFI 48-105, *Surveillance, Prevention and Control of Diseases and Conditions of Public Health or Military Significance.*

5.1.2. Providers shall report all suspected or confirmed occupational illnesses and injuries, conditions of public health significance (including work related musculoskeletal disorders) to the public health office IAW AFMAN 91-224, *Ground Safety Investigations and Reports*.

Section 5B—Human Immunodeficiency Virus (HIV

5.2. Infected Healthcare Workers.

5.2.1. The Credentials Function, in cooperation with the Infection Control Committee and the provider's personal physician, will recommend to the Medical Commander, the scope of practice for HIV infected privileged healthcare workers. Clinical privileges will be assessed upon requesting privileges at a new base and reassessed on an annual basis, more frequently if the provider's clinical status changes. In addition, clinical privileges and/or duties will be assessed after each follow-up evaluation at the Infectious Disease Department at San Antonio Military Medical Center (SAMMC). Any revocation, denial, or limitation of clinical privileges requires reporting to AFMOA/SGHQ, and shall be conducted IAW AFI 44-119.

5.2.2. Non-privileged healthcare workers infected with HIV will have their duties evaluated by the SGH/SGN, after each re-evaluation at the Infectious Disease Department at SAMMC and upon arrival at a new base.

5.3. HIV-Infected Patient Referral.

5.3.1. Medical personnel must refer Air Force active-duty members with suspected or newly diagnosed HIV infections to the 59th Medical Wing (SAMMC), San Antonio, TX, for definitive diagnosis, treatment, and disposition. ***NOTE:*** Suspicion means that initial testing (ELISA and Western Blot) is positive. Refer to AFI 48-135, *Human Immunodeficiency Virus Program* for additional details.

Section 5C—Blood-borne Pathogen Infected Healthcare Workers

5.4. Hepatitis B Infected Healthcare Workers.

5.4.1. All healthcare workers are required to know whether or not they have been infected with hepatitis B IAW current Occupational Safety and Health Administration (OSHA) guidelines.

5.4.2. Privileged healthcare workers who are at risk for transmitting hepatitis B, as manifest by the presence of serum hepatitis B e antigen (HBeAg), or positive hepatitis B DNA, will have their clinical privileges evaluated by the SGH and MTF Credentials Function for potential for transmitting hepatitis B during invasive procedures. The Credentials Function, in consultation with the Infection Control Committee, will recommend to the MDG/CC, the scope of practice for privileged healthcare workers who are positive for HBeAg or Hepatitis B DNA. The MDG/CC will make the final determination on what privileges are granted in light of the provider's health status. Any revocation, denial, or limitation of clinical privileges requires reporting to AFMOA/SGHQ, and shall be conducted IAW AFI 44-119.

5.4.2.1. It is DOD policy that the Credentials Functions shall recommend curtailment of the privileges of providers who are at high risk for transmitting hepatitis B, as shown by positive serum hepatitis B surface antigen and positive serum HBeAg or positive serum hepatitis B DNA, in such invasive procedures as cardiac surgery.

5.4.3. Non-privileged healthcare workers infected with hepatitis B will have their duties evaluated by the SGH/SGN.

Section 5D—Medical Nutrition Therapy

5.5. Medical Nutrition Therapy (MNT). MNT is an intrinsic part/component of clinical practice and includes: clinical nutrition assessment, diet modification and counseling and specialized nutrition therapy.

5.5.1. At a minimum, MNT must be made available for patients with the following medical conditions: diabetes, pediatric failure to thrive, dyslipidemia, hypertension, malnutrition, high-risk pregnancy, renal disease and complicated inflammatory bowel disease.

5.5.2. MNT is obtained via referral to the Nutritional Medicine Service, a registered dietitian, or to authorized enlisted staff members who have completed specialized training in diet therapy.

Chapter 6

SURGICAL SERVICES PRODUCT LINE

Section 6A—Performing Surgical Procedures

6.1. Qualified Assistants. The operating surgeon shall ensure a qualified first assistant is present for surgical procedures with a high risk of significant mortality or morbidity. This may be an appropriately trained physician, dentist, nurse or physician assistant. Qualified nurses, physician assistants or technicians may function as a second or third assistant.

6.2. Elective Surgery. Elective surgery on active duty members performed off-base and not coordinated or approved by the MTF/TRICARE, (such as surgery at the member's expense), is prohibited without prior written approval of the member's squadron commander and the MTF/CC. The MTF/CC will assess the risks and duty impact of the proposed surgery and report this information to the commander, respecting the patient's privacy to the extent practicable. Permission must be obtained prior to any non-refundable deposits (for surgery, airline tickets, etc) being made; the potential for lost deposits will not be factored into the decision. In addition, non-emergent elective surgeries within 6 months of separation or retirement must have additional prior approval by HQ AFPC/DPAMM, as required IAW AFI 41-210.

6.3. Cosmetic Surgery.

6.3.1. Only privileged staff and residents in the specialties of plastic surgery, dermatology, otorhinolaryngology, ophthalmology, and oral-maxillofacial surgery may perform cosmetic surgery procedures. Contract providers are not to perform cosmetic surgery procedures. Civil service providers may perform cosmetic surgery procedures only if they are employed full-time by the MTF with no other opportunity to maintain their skill in cosmetic surgery. All patients, including active duty personnel, undergoing cosmetic surgery must pay applicable fees for cosmetic surgery. Excluded from this restriction is the excision or destruction of minor benign dermatologic lesions, which may be performed by qualified providers in any specialty. Waiver authority to this policy is the AFMOA/CC for requests for supplemental privileges for cosmetic surgery procedures to other uniformed and civil service specialists, on a case by case basis, providing adequate documentation of training and proficiency is submitted.

6.3.2. Cosmetic surgery may be performed on a "space-available" basis only, and cosmetic surgery procedures may not exceed 15% of any privileged provider's caseload.

6.3.3. All cosmetic procedures will be coded in the Ambulatory Data Module (ADM) with the proper International Classification of Diseases (ICD) code (current version). At present, the appropriate ICD-9-CM codes are in the V50 series: "Elective surgery for purposes other than remedying health status." Code V50.1, "Other plastic surgery for unacceptable cosmetic appearance," is the proper code unless a more specific code exists in this series. Code V51, "Aftercare involving the use of plastic surgery (excludes cosmetic plastic surgery)" may be used to indicate that a procedure is not cosmetic plastic surgery.

6.3.4. The MTF/CC will establish a prepayment schedule for all patients and a tracking system for all cosmetic procedures, IAW the annual publication of the DOD Medical Reimbursement Rates and Procedures document. The established tracking system shall

include data elements to include patient name, patient FMP/SS, surgery date, physician name, procedure name, ICD9/CPT code, date payment estimated, date paid, amount estimated, actual codes performed and additional billing amount.

6.4. Ambulatory Procedure Visits. Each MTF will establish a list of authorized procedures that may be accomplished in an ambulatory setting, IAW DOD Instruction 6025.8, *Ambulatory Procedure Visits*.

Section 6B—Anesthesia Policy, Practice and Services

6.5. Responsibilities.

6.5.1. The Consultants to the Air Force Surgeon General for Anesthesiology and Certified Registered Nurse Anesthetist (CRNA), working through AFMOA/SGH and AFMOA/SGN provides guidance in force distribution, readiness issues and anesthesiology practice.

6.5.1.1. Anesthesia is a recognized specialty by both nursing and medicine.

6.5.1.2. Provision of anesthesia and its related services by Anesthesiologists and CRNAs are determined by their licensure, certification and expertise. Thus, both Anesthesiologists and CRNAs are recognized as independent practitioners based on their respective scope of practices (CRNA Scope of Practice is delineated in AFI 44-119) and will be held to these standards in credentialing and medico-legal issues.

6.5.1.3. However, collaborative delivery of anesthesia in a team concept, such as the Anesthesia Care Team (ACT), has been shown to reduce mortality and morbidity compared to either anesthesia provider acting independently. Traditionally, ACT referred to a CRNA working in a medical directed environment with an Anesthesiologist. However, in the AFMS, ACT refers to any combination of Anesthesiologist or CRNA working as a team.

6.5.1.4. Collaboration is defined as the collective determination to reach an identical objective (the best, safest patient outcomes) and involves sharing knowledge, learning, and building consensus with mutual respect.

6.5.1.5. The ACT concept is thus collaboration among anesthesia providers in the delivery of anesthesia and its related services. It is the preferred practice model in the AFMS and independent of specific training background. Most critical to this concept is teamwork with a designated team leader and clearly defined team member roles, both in the overarching organization and in daily operations.

6.5.1.6. The anesthesia team in the AFMS will consist of a Chief of Anesthesia who assumes clinical oversight of the anesthesia department, a daily board runner and/or float, and the individual anesthesia provider for each surgical case.

6.5.2. The MTF/CC will designate an anesthesia provider (Anesthesiologist or CRNA) as the Chief of Anesthesia who is responsible for managing direct patient anesthesia care and clinical oversight of MTF anesthesia services. The Chief of Anesthesia must:

6.5.2.1. Be a privileged anesthesia provider.

6.5.2.2. Be the most clinically competent and experienced anesthesia provider assigned to the MTF. It is recommended that MTF/CC or their designee (i.e. SGH) work in

concert with both AF/SG Consultants for Anesthesia in the determining the most qualified clinician for this position.

6.5.2.3. In MTFs with more than 3 Operating Rooms the Chief of Anesthesia will likely be a board certified anesthesiologist.

6.5.2.4. Ensure all anesthesia providers are actively involved in patient care.

6.5.2.5. Verify all anesthesia providers are practicing within their full scope of practice.

6.5.2.6. Develop a peer-review process to critically evaluate the delivery of anesthesia and its related services on a regular basis.

6.5.2.7. Provide regular feedback, outcomes, and recommendations on anesthesia providers and clinical activities to the SGH or other designee.

6.5.2.8. Provide daily assignments appropriate for the patient's condition and clinical requirements, and that these needs are coordinated with the Operating Room Supervisor and the attending surgeons.

6.5.2.9. Certify that personnel develop a fail-safe mechanism to track the controlled drugs used by anesthesia services.

6.5.2.10. Ensure there is always a back-up provider (float) available in the event of an emergency. The back-up provider must be capable of immediately diagnosing and treating a medical emergency.

6.5.2.11. The Chief of Anesthesia will also coordinate with the appointed administrator for the Anesthesia Service (Flight/CC or Element Chief) on all matters concerning daily schedules, patient safety and quality, and any other related clinical requirements.

6.5.3. The MTF/CC will designate an anesthesia provider as the Flight Commander/Element Chief who is responsible for the administrative duties of the anesthesia services. The Flight Commander/Element Chief must:

6.5.3.1. Be a privileged anesthesia provider.

6.5.3.2. Be responsible for all administrative duties for the Department of Anesthesia, per the MTF guidelines of a Flight Commander/Element Chief.

6.5.3.3. Support the Chief of Anesthesia in their duties of clinical oversight.

6.5.3.4. Although the Chief of Anesthesia and Flight Commander/Element Chief could be the same anesthesia provider due to limited manpower resources, it is recommended that these positions be functionally separate.

6.5.4. Board Runner and/or Float:

6.5.4.1. The designated anesthesia board runner and/or float for the daily schedule will coordinate all anesthesia activities through the Chief of Anesthesia and Operating Room Supervisor to ensure patient care requirements are met.

6.5.4.2. One board runner/float/back-up anesthesia provider is required for every four operating rooms or anesthesia procedures.

6.5.4.3. The board runner/float responsibilities include ensuring all patients are ready for anesthesia, coordinating with the operating room supervisor to execute the daily

operating room schedule, providing scheduled breaks/relief for direct patient care anesthesia providers, carrying code/emergency/obstetric care pagers, and responding to any and all inquiries/consultations/emergencies for the MTF.

6.5.4.4. The functions and responsibilities listed above are a summary of anesthesia clinical practice and are not intended to be all-inclusive. MTF specific policies should be detailed in anesthesia department OIs in coordination with the AFI.

6.5.5. Formal Consultation:

6.5.5.1. At MTFs where Anesthesiologists and CRNAs are collocated it is recommended Anesthesiologist and CRNA collaborate on anesthetic cases.

6.5.5.2. CRNAs will consult with an anesthesiologist or any other medical specialty for patients who require such medical consultation based on acuity of health condition or complexity of surgical procedure. Consultation will be based on the judgment of the CRNA in coordination with the attending surgeon. The CRNA remains fully responsible and accountable for patient care and determining when consultation with a physician specialist (e.g., anesthesiologist, cardiologist, or internist) is needed during any patient care encounter.

6.5.5.3. These provider-to-provider consultations may be verbal, written, or electronic and will be documented in the patient's medical record and should include the name of the specialist consulted and a brief outline of the anesthetic plan developed or recommended course of action. A collaborative relationship is a key component for safe, quality healthcare.

6.6. Managing Controlled Substances on the Anesthesia Service (This only to MTFs without a Pyxis, or other automated storage/delivery system in place. With a Pyxis or automated storage/delivery system in place, the Pharmacy will be responsible for daily inventory and re-stock).

6.6.1. In the event of no automated storage/delivery system, the Anesthesia Service:

6.6.1.1. May keep no more than a one-week supply of controlled substances.

6.6.1.2. Must keep controlled substances in double-locked cabinets (may be located on the anesthesia carts as required, or separately).

6.6.2. The Chief of Anesthesia appoints an anesthesia provider as the Officer-in-Charge (OIC) of controlled substances in anesthesia.

6.6.3. A CRNA or anesthesiologist carries the keys to the controlled substances cabinets during duty hours.

6.6.3.1. The on-call anesthesia provider carries the keys after duty hours.

6.6.4. Personnel must never leave the day's supply of controlled substances unattended on anesthesia carts.

6.6.5. The OIC for controlled substances in anesthesia is responsible for a daily inventory of all controlled substances. The inventory is to be conducted by an anesthetist and another officer who is not an anesthetist.

6.6.6. Personnel must address appropriate controlled substance dosages as part of the monthly anesthesia audit.

6.7. Use of AF Form 579, Controlled Substances Register (This only to MTFs without a Pyxis, or other automated storage/delivery system in place).

6.7.1. All anesthesia personnel utilizing controlled substances must comply with the following:

6.7.1.1. An AF Form 579 must be maintained for each controlled substance stocked by the anesthesia service.

6.7.1.2. Controlled substances must be signed out, at the time they are obtained from the cabinet, by the ampule, vial or syringe.

6.7.1.3. Any unused or unopened ampule, vial, or syringe must be signed back into stock using the received column on AF Form 579.

6.7.1.4. All controlled substances administered to the patient must be shown in 2 places on the anesthesia record (document the dosage appropriately).

6.7.1.5. Show incremental doses of controlled substances on the anesthesia record, and annotate the time given.

6.7.1.6. Enter a summary of all controlled substances administered to a patient and partial unit dosages wasted on the anesthesia record, and on any other local form as required. The anesthesia personnel assigned to the case must sign this summary entry. If personnel waste, drop, or contaminate partial unit doses, a professionally licensed officer must co-sign the summary entry. ***EXCEPTION:*** If another professionally licensed provider or nurse is not available, a medical, surgical or dental journeyman or craftsman may witness and co-sign the entry IAW local policy and procedures.

6.7.1.7. IDMT's will follow established anesthesia procedures IAW AFI 44-103.

6.7.1.8. The total amount of controlled substances administered, returned, and destroyed must match the net amount of the drug issued on the AF Form 579.

6.7.1.9. All incorrect balances and unaccountable substances will be reported to the SGH, the Chief of Pharmacy Services, or the Chief of Surgical Services. An AF Form 765, *Medical Treatment Facility Incident Statement,* will be completed promptly and forwarded to the MTF Risk Manager. AF Form 85, *Controlled Substance Inventory Adjustment Voucher,* must also be completed.

6.8. Availability of Anesthetics.

6.8.1. Anesthesia personnel:

6.8.1.1. Must have induction agents immediately available.

6.8.1.2. Control these drugs according to guidelines in Chapter 9, **Pharmacy Services**.

6.8.1.3. During the elective surgery schedule, stock all anesthesia carts with adequate supplies of induction agents.

6.8.1.4. Stock emergency and obstetrical anesthesia carts with adequate supplies for immediate use. Stock additional supplies along with other anesthesia drugs in a controlled area, workroom, and/or refrigerator.

6.8.1.5. Although personnel must keep an accurate record of incremental doses of drugs administered on anesthesia record, they need not record this type of drug on AF Form 579 under usual circumstances.

6.9. Processing and Completing Records.

6.9.1. The Anesthesia Provider will:

6.9.1.1. Establish an anesthetic plan and document this on the anesthesia record.

6.9.1.2. Write pre-operative orders for the patient on the AF Form 3066, *Doctor's Order* or appropriate electronic record in use at that time.

6.9.1.3. Accompany the patient from the procedure room to the Post-Anesthesia Care Unit (PACU).

6.9.1.4. Write post-operative orders for the patient on the AF Form 3066, *Doctor's Order* or appropriate electronic record in use at that time.

6.9.1.5. Promptly complete the record at the end of each procedure.

6.9.2. Procedures performed by anesthesia providers not requiring an anesthesia record shall be documented in the medical record.

6.9.3. The PACU nurse records all pertinent information regarding the patient's recovery from anesthesia. Local policy will define the parameters used for discharge or transfer.

6.9.4. The physiological parameters at the time of the transfer/discharge must be clearly documented in the patient's record, along with discharge instructions, and a reference as to in whose care/custody the patient is released.

6.9.5. The unit nurse receiving the patient makes an entry on the medical record.

Section 6C—Use of Sedation for Clinical Procedures

6.10. Use of Sedation for Clinical Procedures.

6.10.1. Sedation is part of the continuum of anesthesia. Definitions of the three levels of sedation are:

6.10.1.1. Minimal sedation (anxiolysis) is a drug-induced state during which patients respond normally to verbal commands. Although cognitive function and coordination may be impaired, ventilation and cardiovascular function are unaffected. Patient care areas providing minimal sedation (anxiolysis) by oral pre-medication only may rely on standard peer review procedures.

6.10.1.2. Moderate sedation/analgesia (conscious sedation) is a drug-induced depression of consciousness during which patients respond purposefully to verbal commands, either alone or accompanied by light tactile stimulation. No interventions are required to maintain a patent airway and spontaneous ventilation is adequate. Cardiovascular function is normally maintained.

6.10.1.3. Deep sedation/analgesia is a drug-induced depression of consciousness during which the patient cannot be easily aroused, but responds purposefully following repeated or painful stimulation. The ability to independently maintain ventilatory function may be impaired. Patients may require assistance in maintaining a patent airway, and spontaneous ventilation may be inadequate. Cardiovascular function usually is maintained.

6.10.2. Facilities must develop institution-wide protocols, with approval by the Executive Committee of the Medical Staff (ECOMS) for use of sedation to ensure consistency in all patient care settings.

6.10.2.1. This includes guidance for both physicians and dentists, defining what must be included in a pre-sedation history and physical, and when the history and physical is to be performed in relation to the actual surgery.

6.10.3. Providers appropriately privileged to perform sedation determine the selection and use of oral or intravenous sedation. Peer review, with approval by the ECOMS, of sedation protocols is required, and will be accomplished IAW the MTF's program, under the purview of the SGH.

6.10.4. Medical/Dental personnel must monitor sedated patients and be prepared for emergencies. This requires:

6.10.4.1. Qualified assistants. A qualified assistant must have current BLS certification (ACLS or PALS training is recommended, depending on the patient's age, but not required unless the assistant is administering the medications), and familiarity with the cardiovascular and respiratory side effects of the agents used. A qualified assistant must be trained in the use of monitoring equipment, be trained in the recognition and management of medical emergencies, and be familiar with code blue procedures and the contents of the crash cart.

6.10.4.2. An emergency notification system.

6.10.4.3. Monitoring equipment for blood pressure determination, cardiac rhythm and oxygen saturation will be readily available. All sedated patients will be visually monitored for level of consciousness and respiratory rate.

6.10.4.3.1. When the patient is minimally sedated (anxiolysis), further monitoring will be provided as deemed necessary by the treating provider (if greater than 50% nitrous oxide is utilized, oxygen saturation and heart rate shall be monitored).

6.10.4.3.2. When the patient is moderately sedated, oxygen saturation, heart rate and blood pressure will be monitored. Any additional monitoring may be utilized as deemed necessary for the particular care of an individual patient.

6.10.4.3.3. When deep sedation is utilized, oxygen saturation, heart rate, blood pressure, and cardiac rhythm will be monitored. Equipment to monitor temperature will be immediately available. Additional monitoring may be utilized as deemed necessary for the particular care of an individual patient.

6.10.4.4. Resuscitative equipment and medications are rapidly accessible.

6.10.5. A privileged provider or qualified ACLS and/or PALS certified clinical nurse may infuse intravenous medication.

Section 6D—Living Organ and Tissue Donation Participation for Transplantation or Research

6.11. Organ and Tissue Procurement Planning.

6.11.1. IAW DOD Directive 6465.3, *Organ and Tissue Donation*, all CONUS inpatient facilities must establish an organ and tissue procurement plan in conjunction with the nearest military transplant center (MTC) and local organ procurement organization and to measure the effectiveness of their organ procurement effort. This must be documented in a Memorandum of Understanding (MOU) or a Memorandum of Agreement (MOA), which will require local legal review before enactment.

6.11.2. Consistent with donor intent, all organs and tissues retrieved from DOD beneficiaries who had previously signed an organ donation consent form are first offered to one of the established MTC's.

6.11.3. DOD bills its retrieval costs to civilian organ procurement organizations or non-DOD transplant recipients as outlined in the current TRICARE Policy Manual, which can be accessed at: **http://manuals.tricare.osd.mil**/.

6.11.4. An affirmative or negative organ or tissue donation shown on a DOD-issued card or in a DOD-maintained database shall be considered by medical personnel to be guidance to the next of kin. If there is conflict with State law, donor election or donation documentation, medical personnel may follow local applicable law.

6.11.5. MTF personnel shall immediately notify the Organ Procurement Organization (OPO) regarding any death, imminent death or when they recognize the potential for organ and/or tissue donation.

6.11.5.1. Organ and tissue donation shall be discussed with the next-of-kin in every death in military MTFs unless the potential donor is determined to be medically unsuitable by the OPO or if the patient previously elected not to participate as a donor. This discussion or determination of unsuitability will be documented in the medical record.

6.11.5.2. The MTF shall maintain a listing of patients who die and record the results of action taken to secure the donation of organs or tissues from each patient who dies.

6.12. Living Organ and Tissue Donation Participation.

6.12.1. The DOD encourages, while avoiding coercion, all personnel covered under the DOD health-care system to donate tissues and organs and to advise their next of kin about their decision and any subsequent change in their decision.

6.12.1.1. The MTF/CC will ensure that each officer and enlisted member will receive appropriate information about tissue donation during initial training or at his or her first duty station.

6.12.2. When an active duty member wishes to be a living organ or tissue donor, the following process is followed:

6.12.2.1. The donor is made aware of the risks and benefits of the procedure, including where complications might limit or prohibit further active duty service. Donor provides a letter requesting to be an organ donor that is forwarded from the MTF/CC to AFMOA/CC. This letter should include the organ to be donated, approximate date of surgery, and – if known – the diagnosis and disease state or current treatment being rendered to the recipient.

6.12.2.2. MTF/CC ensures the member has the permission of his/her commander. The commander's permission letter becomes part of the approval package.

6.12.2.3. The donor's PCM documents that the member can be reasonably expected to retain world-wide qualification following donation. The MTF/SGH concurs, with attention to the ability of the donor's MTF to provide care in the case of complications from donation. MTF/CC provides final coordination and provides a letter to AFMOA/CC, along with the donor's request, and the commander's approval letter.

6.12.2.4. If the donor expects to separate or retire within 180 days of the donation, permission will be obtained from AFPC and this memorandum will be included in the approval package.

6.12.2.5. The donor will seek guidance and be informed of their health benefits and limitations by their TRICARE service benefits representative. Verification of this consultation will be incorporated in the approval package to AFMOA/CC.

6.12.3. Donations made by active duty personnel must be approved by the Surgeon General (SG). AFMOA serves as the AF/SG approval authority, and will issue the SG approval letter on receipt of the items outlined in 6.12.2.

6.12.4. The time allotted for an active duty member to serve as an organ donor will vary based on the procedure required.

6.12.4.1. AFI 36-3003, *Military Leave Program*, Table 7, Rule 36, allows the member's commander to approve up to 10 days of permissive TDY if the unit mission allows.

6.12.4.2. When the donor is admitted to the inpatient service, they are placed in inpatient status.

6.12.4.3. The donor will be placed on convalescent leave IAW military medical authority for an appropriate period of time after the procedure.

6.12.5. AF participants in the DOD Marrow Donor Program will follow the same process as other organ donors; the DOD program command permission letters meet the requirement for documenting command permission.

6.12.6. Post-Mortem Sperm Donation.

6.12.6.1. MTF/CC shall ascertain whether post-mortem sperm collection is offered in the local community, and if so, shall generate an MOU or MOA to delineate the administrative process for accomplishing the sperm collection. If this procedure is not offered locally, the MTF/CC has no further obligation to locate such services.

6.12.6.2. If an individual seeks post-mortem collection of sperm from a deceased AF member, the MTF/CC must determine if there are stipulations, in writing, by the deceased service member, that the deceased member has consented to the collection of

sperm for the purpose of procreation, and has specifically identified the recipient of the sperm as the individual seeking the sperm.

6.12.6.3. All costs associated with collection, transport, storage and subsequent use of the sperm will be borne by the requesting individual.

Chapter 7

CLINICAL LABORATORY AND ANATOMIC PATHOLOGY SERVICES

Section 7A—General Guidance

7.1. General Guidance.

7.1.1. Each MTF follows DOD standards of laboratory practice defined in the DOD Clinical Laboratory Improvement Program (DOD CLIP) for registration, certification, proficiency testing, patient test management, quality control, personnel, quality improvement and inspection. Each MTF ensures that laboratories are inspected and accredited by the College of American Pathologists (CAP), the Joint Commission or other accreditation programs approved by the Office of the Secretary of Defense, Health Affairs. Transfusion Services and Blood Donor Centers will be accredited by the American Association of Blood Banks and registered with the Federal Drug Administration (FDA).

7.1.2. Each MTF prepares a laboratory guide with:

7.1.2.1. A list of specific services and procedures it provides.

7.1.2.2. Specific instructions covering specimen requests and submission instructions.

7.2. Laboratory Services.

7.2.1. The MTF/CC designates a Chief or Flight Commander, Laboratory Services. In most cases, this will be a biomedical laboratory officer. If a laboratory officer is not assigned to the facility, a qualified medical director, trained IAW DOD CLIP and CAP requirements, may assume the additional duty of Chief, Laboratory Services.

7.2.2. The MTF/CC designates a Medical Director. The MTF/CC appoints a staff physician trained IAW DOD CLIP and CAP requirements as medical director in situations where there is no assigned pathologist.

7.2.2.1. If the MTF does not have a staff physician that meets the DOD CLIP and CAP Medical Director education and experience requirements, the MTF will consult with AF/SG Pathology Consultant to assign a pathologist from a regional MTF as the medical director or pathology consultant. A civilian medical director or pathology consultant outside DOD will be locally funded.

Section 7B—Blood Transfusion Services

7.3. Transfusion Services/Blood Donor Centers (BDC).

7.3.1. The laboratory chief ensures the transfusion service or blood donor center operates under the control of a trained, competent and experienced staff. Compatibility testing procedures shall adequately safeguard the intended recipient.

7.3.2. The operation shall conform to military directives and current Good Manufacturing Practices (cGMP) as required by the Food and Drug Administration (FDA), AFI 44-105, *The Air Force Blood Program*, and guidance from AFMOA to include the Air Force Blood Program Division.

7.3.3. Patients, or their guardians in the case of minors, who expect to receive blood product transfusions shall complete AF Form 1225, *Informed Consent for Blood Transfusion,* or suitable substitute/local form. This form documents the discussion between patient and provider regarding the risks and benefits associated with blood transfusions as well as the alternatives to receiving allogeneic blood. Also see paragraph 2.4., **Informed Consent Documentation** and Section 2C, **Treating Minors**; paragraph 2.6., **General Guidelines**.

7.3.4. The administration of blood products is documented on SF 518, *Blood or Blood Component Transfusion Medical Record*, or suitable substitute/local form to permanently capture all events and essential patient information associated with blood product administration. When the blood product is known to be non-US, non- FDA licensed, the transfusion service/ blood bank shall annotate the status of that product in the Remarks block of Section II. The annotation will state: "Non-US, non-FDA licensed product, patient follow-up testing is required."

7.4. Blood Transfusion Follow-up for Products from Non-FDA sites.

7.4.1. DOD policy provides that the standard of care for those beneficiaries who receive a blood transfusion overseas in a DOD MTF shall be equal to that received in a MTF within the United States. Inspection and regulatory requirements over blood and blood products vary widely by country and even within certain countries, and may not provide for the same level or type of testing as the US Food and Drug Administration (FDA) requires.

7.4.2. Blood products from non-FDA registered blood banks/blood services received for use in DOD MTFs may be used for emergent treatment.

7.4.2.1. Examples of non-FDA registered blood banks/blood services include blood products collected by a "host nation" (foreign country) and provided to a DOD MTF or forward deployed EMEDS facility, blood collected under emergency conditions and transfused before FDA-approved blood donor tests are completed, or blood products that are transfused in a "host nation" (civilian or military) hospital.

7.4.2.2. Under such circumstances the attending physician or PCM (at DOD MTF) will verify and document the use of non-FDA licensed blood products, follow-up testing is required for patient care.

7.4.2.3. The attending physician or PCM documents the DD Form 2766 *Adult Preventive and Chronic Care Flowsheet,* Mar 1998, page 2 of 4, Section 7 (Screening Exams), Item (20).

7.4.2.4. A stamp or hand-written entry noting "Non-FDA licensed blood product transfusion recipient" will be made.

7.4.3. The attending physician or PCM will ensure that the patient will have, whenever possible, pre-transfusion blood specimens collected and submitted for testing to determine base-line serological studies for Hepatitis B and C, HIV, Human T-Cell Lymphotrophic Virus, Syphilis, and other transfusion transmitted diseases as appropriate. If a pre-transfusion specimen cannot be obtained, a blood sample for serological testing will be collected as soon as possible post transfusion.

7.4.4. Each MTF will establish a process to ensure retesting of these patients at 3 months, 6 months, and 1-year post transfusion. All testing will be completed and documented in the patient's medical record as soon as practical.

7.4.5. The patient will be given notice, prior to transfusion if feasible or as soon thereafter as possible, that the blood is not FDA licensed, the reasons it is being provided, and the necessary patient follow-up.

7.4.6. These guidelines not only apply to DOD beneficiaries stationed at established overseas bases, but to all deployed personnel in operational theaters to include Reservists and National Guardsmen. Proper follow-up care will continue following demobilization, separation and retirement from military duty.

7.4.7. Each transfusion of a non-FDA licensed blood product will be reported to the appropriate Unified or Specified Command, or Task Force Surgeon's office, who in turn, will forward data to the Armed Services Blood Program Office (ASBPO) and the appropriate Service Blood Program Office through the Joint Blood Program Office.

Section 7C—Anatomic Pathology Services

7.5. Anatomic Pathology Services.

7.5.1. All MTFs without in-house anatomic pathology services will consult with the AF/SG Pathology Consultant to coordinate anatomic pathology services.

7.5.2. The MTF/CC coordinates with the AF/SG Pathology Consultant for cytopathology services. All gynecologic cytology specimens will be referred to 59 MDW/SAMMC per AF/SG 2005 AF Cytology Center consolidation.

7.5.3. Histopathology and cytopathology cases requiring consultation (second opinion) will be coordinated with the Joint Pathology Center Washington D.C. or another DOD MTF. Histopathology or cytopathology consultations referred outside of DOD will be locally funded.

Chapter 8

RADIOLOGY AND RADIOLOGIC SERVICES

Section 8A—Radiology Administration

8.1. Filing Hard Copy Radiographs. All medical non-digital (hard copy) radiographs taken in any MTF, or forwarded from other facilities will be filed in AF Form 2700, *Radiographic Film Envelope.* Dental Radiographs will be handled in accordance with AFI 47-101, *Managing Air Force Dental Services*.

8.2. Radiology Technicians.

8.2.1. Must complete a locally developed, formal, documented, skill-verification training program before administering intravenous contrast media. This will be documented in the electronic Air Force Training Record.

8.2.2. After appropriate training, technicians may inject contrast media only under the direction of a physician who is immediately available.

8.2.3. The person responsible for the injection, who may be a technologist or registered nurse, must be aware of the signs and symptoms of an adverse effect and must monitor the patient for the development of these signs and symptoms during the examination. The supervising physician, or his or her physician designee, must be immediately available to respond promptly to an adverse effect.

8.3. Stat Examinations, Early Interpretation and Critical Results Communication: Will be guided by the American College of Radiology Standard for Communication: Diagnostic Radiology and The Joint Commission guidance on critical results notification. There is considerable overlap and MTFs must be cognizant of the fact that stat performance and stat interpretation, "wet read," are not the same thing. Critical communication of findings is independent of requested urgency of interpretation and takes urgency from the interpretation itself.

8.3.1. Urgent Examinations: When ordered "stat" either electronically or in writing, should be conducted as soon as can be arranged (immediately, or as soon as resources can be made available).

8.3.2. Early Interpretation: Interpretation without delay is required when the requesting provider annotates "Wet Read," or when the priority for the study is classified as "stat (immediate)," "ASAP (as soon as possible)," or "notify" in the written or electronic order for Radiologic Consultation Request/Report. Where and when applicable, worklist prioritization in the Picture Archiving and Communication (PACS) and Teleradiology Systems should be set up to force these examinations to the front of workflow.

8.3.3. The radiologist providing early interpretation must contact the referring provider, or an appropriate representative, by phone, electronically, in person, or by handwritten memorandum, and notification shall be documented in the final radiological report.

8.3.4. Critical Results: Unexpected and serious abnormalities must also be reported to the requesting provider as soon as possible after identification by the radiologist. This

notification shall be documented in the final radiological report. A critical results list and procedures for notification must be established for each facility and each must have a means of tracking request and notification times for these procedures, something that is not native to CHCS, nor inherent in some PACS.

8.4. Completion of Reports.

8.4.1. The final report is considered to be the definitive means of communicating the results of an imaging examination to the referring provider. The timeliness of reporting any radiological examination varies with the nature and urgency of the clinical problem. However, to the degree possible, final typed reports shall be completed and available to the referring provider within 3 working days from completion of the examination in facilities with full-time military or civilian radiologists. Mechanisms to speed report turn-around time should be viewed as essential to excellent patient care and may require ancillary personnel and technology support. At remote or solitary staffed facilities, mechanisms should be in place for local or teleradiology interpretation of urgent examinations. Routine examination may often be handled in the same way, but a temporary extension for local interpretation of routine examinations may sometimes be appropriate.

8.5. Film Loaning and Transfer.

8.5.1. Films, or copies of original films, may be temporarily loaned or transferred to another MTF. By FY12 all digitally archived completed examinations should be locally available at all AF MTFs, minimizing need for such distribution.

8.5.2. Where appropriate, personnel at the originating facility maintain AF Form 614, *Charge Out Record,* in place of the original file film envelope. Electronic charge-out processes are also acceptable. This is unnecessary when a copy is made on electronic media.

8.5.3. If a hard copy film file is permanently transferred to another medical facility, personnel retire the original envelope or AF Form 614, with any film files being retired that year.

8.5.4. Film and electronic media may be hand-carried by the patient by order of the attending provider.

8.5.5. Patients may hand-carry original mammography film or electronic copy (when digital), have them sent to a new facility, or request that they be forwarded after the patient's arrival at the new MTF, IAW para 4.2.6. Copies of mammography film should be used for comparison only by exception.

8.6. Contract Employees' X-Ray Films.

8.6.1. X-Rays taken of contract employees during their period of employment or as part of their termination examinations become part of the employment records, as stated in the employment agreement.

Chapter 9

PHARMACY SERVICES

Section 9A—Pharmacy Services

9.1. Organization.

9.1.1. The MTF/CC ensures that the pharmacy operates under the supervision of a pharmacist IAW federal laws, DOD and Air Force policy, and accepted standards of practice as defined by The Joint Commission, The American Society of Health-Systems Pharmacists (ASHP), The American Pharmacists Association (APhA), The Accreditation Association for Ambulatory Health Care (AAAHC), and The United States Pharmacopoeia. ***EXCEPTION:*** A designated medical corps officer may supervise a pharmacy as a "pharmacy officer" when a pharmacist is not available. The designated officer must follow the same standards as would a pharmacist in carrying out the duties of "pharmacy officer," including review of inpatient orders and prescriptions for accuracy and completeness.

9.1.2. Pharmacists or designated pharmacy officers provide direct supervision of pharmacy technicians.

Section 9B—Policies and Procedures

9.2. Policies and Procedures.

9.2.1. Pharmacies must develop policies and procedures, which provide:

9.2.1.1. Pharmaceutical care consistent with the facility's scope of care and patient needs.

9.2.1.2. Security measures to prevent the loss of pharmacy stock and unauthorized entry into the pharmacy.

9.2.1.3. A perpetual inventory of schedule II, III, IV and V drugs.

9.2.2. The Pharmacy Flight Commander, Pharmacy Officer or Element Chief supervises drug storage and preparation areas throughout the MTF and satellite pharmacy operations.

9.2.3. Pharmacies honor prescriptions from:

9.2.3.1. Privileged providers of the Uniformed Services, as described in AFI 44-119, and their civilian counterparts.

9.2.3.2. Veterinarians of the Uniformed Services.

9.2.3.3. Privileged providers of consulting referral military facilities.

9.2.3.4. Providers who are not employees of the United States government must be duly licensed by the jurisdiction in which they practice.

9.2.4. Pharmacies shall use policies and procedures adopted by the Pharmacy and Therapeutics (P&T) function of the medical staff and approved by the MTF/CC.

9.2.5. Pharmacies shall publish a revised formulary at least annually, either in written or digital form, which is readily available to all medical staff.

9.3. Patient Counseling.

9.3.1. Pharmacists and trained pharmacy technicians shall offer to counsel patients regarding drug therapy in general, and their newly prescribed medications in particular.

Section 9C—Medication Dispensing

9.4. Medication Dispensing.

9.4.1. Pharmacies procure, dispense, recommend or use only drugs approved by the Food and Drug Administration (FDA). MTFs will not request or require active duty members to receive non-FDA approved drugs from any source, unless the exceptions in 10 United States Code (USC) 1107 apply. ***EXCEPTION:*** Pharmacies may dispense approved investigational drugs used in a clinical project using guidelines in AFI 40-402, *Protection of Human Subjects in Biomedical and Behavioral Research* and when US Presidential waiver authority precludes the need to obtain individual service member consent to receive investigational drug(s) IAW 10 USC1107 and 21CFR50.23(d).

9.4.1.1. The pharmacy is the primary area for dispensing medications during normal operating hours. Exceptions and after hours dispensing must comply with all applicable pharmacy practice standards. Dispensing is defined as the provision of medication(s) to a patient, for self-administration, during the course of a patient visit. Also refer to paragraph 9.23. for clarification on dispensing of Force Health Protection Prescription Products.

9.4.1.2. Pharmacists review all pharmaceutical orders occurring after normal duty hours and ensure that the dispensed medications are annotated in the automated patient profile.

9.4.1.3. Providers dispensing medications outside of the pharmacy, i.e. after-hours clinics, annotate the medication dispensed on the patient's SF 600, or SF 603, *Medical Record-Dental*, SF 558, *Emergency Care and Treatment*, or in the electronic medical record. Also see paragraph 9.22., Force Health Protection Prescription Products.

9.4.2. Patients may authorize adult third parties to pick up their prescriptions. An individual acting as the patient's representative can pick up a prescription for the patient under the following circumstances.

9.4.2.1. The patient has identified, either verbally or in writing, a family member, other relative, personal friend or any other person authorized to pick up prescriptions, or

9.4.2.2. If the patient is not present to give consent, the health care provider may use professional judgment to determine if it is in that patient's best interest to provide the prescription to the patient's representative.

9.4.2.3. HIPAA regulations also permit the conveyance of limited protected health information to the patient's representative. For instance, the pharmacist may explain to the representative that a medication shall be taken on an empty stomach, but shall not disclose that a medication is for the treatment of a particular condition.

9.4.3. Dispensing to inpatient/institutional care facilities outside the MTF is not authorized. Inpatient and institutional care facilities must have pharmacy services available. The MTF is not able to meet labeling and packaging requirements for other facilities. This does not apply to mutual aid situations at the discretion of the Pharmacy Officer and MTF/CC.

9.4.4. Pharmacies may not curtail or withdraw civilian prescription service, nor restrict formulary drugs to any beneficiary class, regardless of the source of the prescription. ***NOTE:*** Limiting drug availability to specific patients is acceptable when the limitations are based on clinical considerations, such as efficacy and/or potential toxicity. Such limitations shall be accomplished using published disease management guidelines, or those developed cooperatively between members of the medical staff and the pharmacy.

9.4.5. Over-the-counter (OTC) medication programs are permitted as long as the following conditions are met: Medications are included on the MTF formulary (i.e., the P&T Function determines them to be cost-effective alternatives to prescription products); the OTC medication program functions under the supervision of providers; medications are entered into CHCS/AHLTA; and, the medications are dispensed through the MTF pharmacy. OTC medication "hand-out" programs at MTF pharmacies without the above supervision or controls to ensure patient safety are specifically prohibited. ***EXCEPTION*:** See paragraph 9.4.6. below for guidance regarding FDA-approved emergency contraceptive agents.

9.4.6. MTF/CCs will implement procedures to ensure that FDA-approved emergency contraceptive agents will be ordered, stored, dispensed, distributed, and accounted for IAW this AFI.

9.4.6.1. Patients under 17 years of age requesting emergency contraceptive medication must obtain a prescription from a privileged provider who will document and order the medication in the AHLTA.

9.4.6.2. Patients 17 years of age or older may obtain emergency contraceptives directly from a pharmacist who will also enter the medication in CHCS/AHLTA to screen for overlaps, contraindications, and frequency of use before dispensing.

9.4.6.3. Upon dispensing, every patient will receive the FDA-approved drug information handout provided by the manufacturer or downloaded from the FDA website.

9.4.6.4. Males requesting emergency contraceptives from the pharmacist must present their military identification card along with the military identification card of the female beneficiary who will consume the medication.

9.4.6.5. Procedures for the stock and replenishment of FDA-approved emergency contraceptives will be coordinated and monitored by the pharmacy and medical logistics departments.

9.4.6.6. MTF Emergency Department (ED).

9.4.6.6.1. ED distribution of FDA-approved emergency contraceptive medications must be under the direct supervision and control of a credentialed medical provider and IAW with local MTF policy.

9.4.6.6.2. ED distribution must be directly administered to the patient taking the medication.

9.4.6.6.3. Local policy governing ED distribution of emergency contraceptives must be consistent with local policy governing ED procedures for distributing medication after the main MTF pharmacy is closed.

9.4.6.7. Pharmacists who dispense emergency contraceptive medications and note that a patient has requested the medication more than twice within a 6 month period shall refer the patient to a provider for family planning counseling to discuss the use of other contraceptive methods or medications.

9.4.6.8. Medical personnel who object to dispensing emergency contraceptive medications or engaging in family planning services for moral, ethical, religious, personal, or professional reasons will not be required to engage or assist in such procedures unless the refusal poses a life-threatening risk to the patient. However, the MTF/CC must ensure alternate arrangements are available for the patient to obtain the medication with no delay in care.

Section 9D—Formulary Management

9.5. Use of Formulary Drugs and Non-Formulary Requests.

9.5.1. The pharmacy maintains a formulary that lists drugs and pharmaceutical preparations approved for prescription by the P&T Function, and/or by the Pharmacoeconomic Center basic core formulary list.

9.5.2. Pharmacies and prescribing providers must use formulary drugs wherever possible. The drugs in the therapeutic classes represented on the DOD Basic Core Formulary (BCF) must be the first line agents at all MTFs. The MTF may supplement therapeutic classes on the BCF with other second line agents to meet patient needs. The MTF may include drugs on their formularies in therapeutic classes not represented on the BCF.

9.5.3. Pharmacies need not honor prescriptions from non-referral medical facilities for drugs not on the formulary.

9.5.4. Non-formulary Requests: The MTF will have a written policy for requesting, processing, and filling non-formulary drugs. The process must include the provider documenting the request and then review and approval by a pharmacist. Documentation may be accomplished via e-mail, locally generated form, or DD Form 2081, *New Drug Request*, an equivalent form or equivalent computer-generated means via an AF-approved system (e.g., AHLTA note). If using the DD Form 2081, the sections marked "For Completion by the Chief of Department" and "For Completion by Therapeutic Agents Board" are optional. The intent is that the provider substantiates the need for a non-formulary medication, the pharmacist agrees, and the P&T Committee reviews aggregate non-formulary requests. The goal should be a streamlined process where patients receive their medication within 24 to 48 hours of provider's request.

9.5.5. The pharmacy will submit a summary of non-formulary approvals to the P&T Function at each meeting. Frequent requests for a non-formulary drug shall prompt consideration for addition to the MTF formulary.

9.5.6. When MTF enrolled patients are seen at a referral facility and prescribed medications that are not on the formulary at the MTF, the MTF pharmacy will utilize their established

non-formulary request process to obtain the non-formulary medications for the patient. Referral MTFs must provide patients with at least a reasonable supply of medication when recommending long-term therapy, to allow the local MTF time to procure the non-formulary medication. Referral from civilian facilities may require purchase in a civilian pharmacy until the medication can be obtained by the MTF.

9.6. Air Force High Dollar Drug Program.

9.6.1. The local MTF arranges for or provides medications to treat conditions such as immunodeficiency diseases, transplants and other rare conditions. ***NOTE:*** In situations in which the cost to the MTF exceeds $500 per patient per month, the Air Force High Dollar Drug Program at Wright-Patterson AFB may be utilized.

9.7. Generic Medication.

9.7.1. Pharmacies may fill prescriptions written by DOD providers for brand-name drugs with an FDA approved generic equivalent when available.

9.7.2. Pharmacies must fill prescriptions for formulary drugs written by civilian providers for eligible beneficiaries. Substitution of generic for brand-name products on prescriptions from non-MTF providers follows applicable state pharmacy practice guidelines. Pharmacies will not special purchase brand-name drugs to fill civilian prescriptions.

Section 9E—Pharmacy and Therapeutics Function

9.8. The Pharmacy and Therapeutics Function.

9.8.1. This medical staff function must meet at least four times per year. It should include a physician, a pharmacist (if assigned), and a nurse. A majority of members or their designees must be present to conduct function business and must include a physician and a pharmacist (if assigned).

9.8.2. Other interested personnel whose attendance can improve the function shall be included.

9.8.3. Functions include:

9.8.3.1. Review of policies, acquisition, and use of drugs within the MTF and at remote sites for the IDMTs.

9.8.3.2. Review of medication errors for clinical improvement and patient safety opportunities.

9.8.3.3. Review of adverse reactions to drugs.

9.8.3.4. Evaluation of clinical data on new drugs and preparations requested for MTF use.

9.8.3.5. Pharmacy will present quarterly report results of National Contract Compliance Report reviews and results of the Best Pharmacy Report analysis. Pharmacy will make recommendations based upon the reviews to the P&T Function and report results to the MTF/CC, as appropriate (see paragraphs 9.9.4 and 9.9.5 below for more detail).

Section 9F—Drug Inventory

9.9. Drug Inventory.

9.9.1. The MTF will:

9.9.1.1. Maintain controlled substances according to state and federal regulations.

9.9.1.2. Conduct a complete and accurate inventory of all controlled substances every 2 years on 1 May (or the first duty day thereafter) of odd-numbered years.

9.9.1.3. Minimize the potential for the dispensing of expired drugs through effective inventory management and identification and prompt removal of expired drugs.

9.9.1.3.1. When only a month and year of expiration are provided for a drug, the drug may be used until the last day of that month.

9.9.1.3.2. Pharmaceutical inventory will be inspected at least monthly.

9.9.1.3.3. Pharmaceuticals that will expire first shall be placed in a position to be used first.

9.9.1.3.4. During the monthly inspections, pharmaceuticals that will expire within 30 days will be removed from inventory and securely stored in an isolated area separate from in-date pharmaceuticals.

9.9.1.3.5. The storage area for expired pharmaceuticals will be clearly marked to prevent accidental dispensing.

9.9.1.4. Conduct monthly audit of inventory of five selected non-controlled medications from the top 100 line items by dollar volume. The pharmacy flight commander or their designee will select the medications to be audited. Maintain documentation of the audit in the pharmacy, including: items audited, results, and actions taken.

9.9.2. Schedule II drugs will be inventoried separately from schedule III, IV and V drugs.

9.9.3. The pharmacy will maintain the files of inpatient unit and clinic inventories.

9.9.4. National Contract List (NCL). Medical treatment facilities will comply with DOD/Veterans Affairs (VA) contracting efforts by aligning all pharmaceutical purchases with the NCL posted on the Defense Logistics Agency Troop Support (DLA-TS) website at: **https://dmmonline.dscp.dla.mil/nationalcontracts/nationalcontractsdruglists.aspx**. At a minimum, the following actions will be taken:

9.9.4.1. Pharmacy will review additions and deletions on the NCL monthly, document reasons for not accepting NCL-mandated items (if applicable), and forward a list of approved changes to Logistics for action.

9.9.4.2. Logistics will process changes in DMLSS for all actions directed by the pharmacy.

9.9.4.3. Logistics and pharmacy will review National Contracts Compliance Reports (NCCR) monthly to ensure compliance with the NCL, following the procedures outlined above in paragraphs 9.9.4.1., and 9.9.4.2. The NCCR is available through the DLA-TS website at: **http://dmmonline.dscp.dla.mil/nationalcontracts/nccrhome.aspx**.

9.9.4.3.1. Pharmacy will review the NCCR monthly, document reasons for not utilizing NCL-mandated items (if applicable), and forward a list of approved changes to logistics for action.

9.9.4.3.2. Logistics will process changes in DMLSS for all actions directed by pharmacy.

9.9.4.3.3. For NCL items in manufacturer back-order status, logistics will ensure prompt return to the mandatory source after receiving notification of item availability from AFMOA/SGAL.

9.9.4.4. NCL/NCCR reports and documentation.

9.9.4.4.1. Pharmacy will report actions taken on the NCCR to the P&T committee quarterly. The report will include the following: Current contract compliance percentage, total number of NCL items purchased, the number of items and cost for items identified as non-contract purchases, reasons for non-contract purchases, identification of items that can be purchased on-contract, and projected savings based on future compliance with contracted items.

9.9.4.4.2. Pharmacy will maintain documentation of all NCL-related item selection actions and rationale for items not approved for change. The report will be maintained for a period of 2 years.

9.9.4.4.3. Logistics will maintain the list of changes approved by pharmacy for a period of 2 years.

9.9.5. The Best Pharmacy Report (BPR). Pharmacy will utilize the BPR to conduct a monthly price analysis of non-NCL items and report the results to the P&T committee quarterly. The BPR is available through the DLA-TS website at: **https://dmmonline.dscp.dla.mil/portal/homepages/cdmiaBestPharm.aspx**.

9.9.5.1. Pharmacy will identify clinically acceptable equivalent products with potential savings, and forward an approved list to logistics for item selection changes.

9.9.5.2. BPR reports and documentation.

9.9.5.2.1. Pharmacy will report actions taken on the BPR to the P&T committee quarterly. The report will include the following: total number of items and cost of items identified as candidates for change based on BPR pricing and estimate of potential savings for items purchased using the BPR recommendation. Items identified that cannot be changed should be explained and documented in the report to the committee.

9.9.5.2.2. Pharmacy will maintain documentation of all BPR-related item selection actions and rationale for items not approved for change. The report will be maintained for a period of 2 years.

9.9.5.2.3. Logistics will maintain the list of item selection changes provided by pharmacy for a period of 2 years.

9.9.6. Sample Report to P&T committee: "The NCCR was reviewed for the first quarter of FYXX. The contract compliance percentage for this quarter was XX%. There were four NDC's (w, x, y, and z) that were purchased off-contract for $XX. Items w and x were

unavailable from the manufacturer, item y was purchased as a special-purchase brand name item, and item z was a new contract that was not ordered immediately after the contract was implemented. Changing item z to the contract item is projected to save $XX dollars next quarter."

9.9.7. Prime Vendor will be the primary source for pharmaceutical purchasing. Exceptions may be made for purchases of products unavailable from the Prime Vendor.

9.9.8. Pharmaceutical inventory will be managed to ensure the stock levels of pharmaceuticals on-hand are not excessive, generally not greater than 14 days.

9.9.8.1. MTFs will establish drug inventory par or stock levels that reflect the level of care, prescription workload, and mission.

9.9.8.2. Pharmacies may have situations that require stocking levels that are greater than 14 days, examples include: OCONUS facilities, contingency supplies, controlled substances, or special pricing. The pharmacy must be able to justify the costs and benefits of situations that may require greater stocking levels.

9.10. Controlled Drug Inventory Process.

9.10.1. The MTF Commander appoints a disinterested officer, non-commissioned officer (NCO) in the grade of E-7 or above, or a civilian of comparable grade to inventory the MTF's controlled drugs at least monthly. Appointee must be from a duty section that is not being inventoried. Personnel conduct the inventory in the facility's pharmacy and in all other locations where controlled substances are maintained.

9.10.1.1. The disinterested inventory process shall include a random sample comparison between the Medical Logistics controlled substance issue list and the pharmacy receipt list, and a random sample review of pharmacy dispensing and clinic issue transactions, to ensure appropriate tracking and documentation of controlled substance movement throughout the facility. Sample sizes are at the discretion of the MTF/CC.

9.10.1.2. Facilities inventory newly controlled substances on the published effective date. Thereafter, each substance will be included in the biennial inventory.

9.10.2. Inventory personnel will document any adjustments to the controlled substance inventory on the AF Form 85.

9.10.2.1. The AF Form 85 is reviewed by the Pharmacy Flight and Squadron Commanders.

9.10.2.2. The final approval authority for the AF Form 85 is the MTF/CC. The MTF/CC may delegate this authority by appointing a designee, outside of pharmacy, in writing for medications in schedule classes II-V.

9.10.2.3. The final approval authority for the AF Form 85 at locations without an MTF/CC, such as geographically separated units (GSUs), is the Director of Base Medical Services (DBMS) or equivalent. The DBMS may delegate this authority by appointing a designee, outside of pharmacy, in writing for medications in schedule classes II-V if they will be away from the base for greater than two weeks.

9.10.3. Inventory personnel record the balance on each AF 582, *Pharmacy Stock Record*, or automated product (spreadsheet, data base or work processing reports) or AF Form 579,

including the date of inspection, action taken, and signature. Automated equipment logs (e.g., Pyxis® log) are an acceptable substitute for the AF Form 579.

9.11. Accountability of Controlled Substances.

9.11.1. Pharmacists use AF Form 582 or an automated product if maintained in a perpetual inventory, for each item to show all receipts and expenditures of schedule II, III, IV and V drugs including:

9.11.1.1. Ethyl alcohol.

9.11.1.2. Alcoholic beverages used for medicinal purposes (wine, whiskey, beer, etc.).

9.11.1.3. Other drugs designated for control by the MTF P&T Function.

9.11.2. Pharmacy accounts for all AF Form 579:

9.11.2.1. Issues a new, serially numbered AF Form 579 to inpatient units and clinics as needed.

9.11.2.2. Brings forward the balance and serial number from the previous sheet.

9.11.2.3. Accepts and maintains all completed forms.

9.11.2.4. Initiates a new series of forms each calendar year after collecting all incomplete forms from the previous year.

9.11.2.5. Uses automated methods to account for AF Forms 579 whenever possible.

9.11.2.6. Pharmacists coordinate with Medical Logistics to ensure 21 CFR reporting requirements are met in the event of any unusual or excessive loss or disappearance of controlled substances from the pharmacy, inpatient units, outpatient clinics or any location to which the pharmacy distributes. Pharmacists must:

9.11.2.6.1. Notify their chain of command prior to filing the report of loss.

9.11.2.6.2. Notify Security Force and/or the Office of Special Investigations if theft is suspected. ***NOTE:*** Reporting forms may be found on the DEA website at: **http://www.deadiversion.usdoj.gov/21cfr_reports/index.html**.

9.11.3. MTF pharmacies will comply with current DEA regulations regarding acceptance of previously dispensed controlled substances back into the pharmacy. Deployed pharmacy locations are authorized to accept controlled substances back for destruction if mission needs dictate. Appropriate documentation of acceptance and disposition will be maintained.

9.12. Securing Drugs.

9.12.1. MTF personnel secure all controlled and non-controlled drugs. Local policy will determine which categories of personnel may be permitted to secure non-controlled drugs or to carry keys to secure areas. With the exception of Pharmacy (43PX and 4P0XX) and other personnel authorized by name in writing by their squadron commanders, only licensed clinical staff may be authorized access to controlled substances storage areas.

9.12.2. In the pharmacy, personnel store schedule II, III, IV, and V controlled drugs in either a safe or securely locked, substantially constructed cabinet, as described in 21 CFR 1301.75. A small working stock of schedule II, III, IV and V controlled drugs may be kept in the main dispensing area. All controlled drugs, whether stored in the main pharmacy or other

locations in the MTF, must be inventoried at the beginning of each shift, at shift change, or at the end of the day by reconciling the prescription quantities dispensed with the balance on hand (unless automated equipment provides a continuously updated inventory).

9.12.2.1. All discrepancies will be documented on an AF Form 85, which is submitted to the MTF/CC (or designee) through the chain of command, for review and approval.

9.12.3. Pharmacists may dispense schedule II, III, IV, and V controlled drugs from automated dispensing equipment that meets the following requirements:

9.12.3.1. Equipment must store counted product in an internal chamber that requires scanning of a bar-code to dispense.

9.12.3.2. Equipment requires unique user login password prior to accessing any product.

9.12.3.3. Equipment's bulk holding chamber is secured with locking device.

9.12.3.4. Equipment must store bulk product in a removable cassette or cell.

9.12.3.5. Equipment must maintain a perpetual inventory of each removable cassette or cell.

9.12.4. All prescriptions for schedule III, IV, and V controlled drugs dispensed from automated equipment must be double-counted either by hand or using a device that determines the quantity based upon the product's weight.

9.12.5. Pharmacies dispensing schedule II, III, IV, and V controlled drugs from automated equipment must also meet the following security requirements:

9.12.5.1. Removable cassettes or cells containing controlled drugs must be removed from the equipment and secured in the pharmacy's safe or securely locked, substantially constructed cabinet at the end of each duty day.

9.12.5.2. Cassettes or cells containing controlled drugs must be completely emptied and counted at least once every 3 business days. Quantities of controlled drugs in cassettes or cells may be obtained from the equipment's perpetual inventory for controlled drug inventories on the remaining 2 days.

9.12.6. Schedule II drugs must be stored in a substantial double-locked cabinet in patient areas outside the pharmacy. All other controlled substances must be stored in a secure, locked cabinet. Access is restricted to those individuals authorized to prepare, administer or dispense controlled substances.

Section 9G—Writing Prescriptions

9.13. Writing Prescriptions.

9.13.1. Authorized providers must:

9.13.1.1. Use electronic order entry for prescriptions whenever available.

9.13.1.2. Review patient identification data for accuracy.

9.13.1.3. If not using electronic order entry, use AF Form 781, *Multiple Item Prescription,* or equivalent computer-generated means via an AF-approved system (e.g., Essentris). Any alternate means used must have a provider's electronic or ink signature

and all information that would otherwise be included on an AF Form 781 or electronic order entry.

9.13.1.4. Write no more than three prescriptions on AF Form 781.

9.13.1.5. Draw a line through unused blocks on AF Form 781.

9.13.1.6. Separate prescriptions for drugs listed in schedules II, from those in schedules III, IV, and V by writing them on separate AF Forms 781.

9.13.1.7. Non-controlled drugs may not be prescribed on the same form as controlled drugs.

9.13.1.8. Write-in complete patient identification data on AF Form 781 (name, address and patient identification number).

9.13.1.9. The prescriber name stamp must be used on all hand-written prescriptions. If a prescriber name stamp is not available, then the prescriber shall write full name, rank, corps, AFSC, and telephone number. The pharmacy may decline to fill such a prescription, if there is any uncertainty as to the identity of the prescriber.

9.13.1.10. The prescribed amounts of controlled substances will be spelled out in addition to the written numeral amount.

9.13.1.11. DEA numbers shall be included on any hand-written prescriptions for Controlled Substances.

9.13.2. Providers may not write controlled substances prescriptions, including drugs controlled locally (at the MTF level) for themselves or members of their families.

9.13.3. The prescribing provider and the pharmacist are equally responsible for correctly prescribing and dispensing controlled substances (schedules II, III, IV, and V) under Title 21, U.S.C., sections 829 and 1309, concerning prescribing and dispensing controlled substances.

9.13.4. The prescribing provider signs prescriptions or documents them via CHCS electronic signature and dates them on the day of issue.

9.13.5. Prescriptions for chronic maintenance medications may be written for up to a 90-day supply. Non-chronic medications are written for an adequate quantity to treat the acute problem, as deemed by the provider. In most instances, these will not exceed a 30-day supply.

9.13.6. Where feasible, the pharmacist contacts the prescriber to resolve problems of legibility, compatibility, dosage or quantity prescribed. The pharmacist verifies authenticity of prescriptions and may refuse to fill prescriptions that contain errors, omissions, irregularities, ambiguity, alterations or are contrary to the pharmacist's clinical judgment.

9.13.7. Pharmacies may accept faxed prescriptions for non-controlled substances and controlled substances in schedules III-V from provider's offices, hospitals or nursing homes in keeping with applicable state and federal laws.

9.13.8. When a provider prescribes a medication, controlled substance or otherwise, for another provider, a decision must be made by the prescriber concerning how that medication may affect the patient's ability to practice medicine. A Quarters Form or an AF Form 469 must be annotated with a copy to the SGH, if the medication is expected to impair a

provider's ability to practice medicine. An annotation will be made on the SF 600 by the prescriber that the prescribed medication either is or is not expected to affect the patient's ability to practice medicine.

Section 9H—Packaging Prescriptions

9.14. Packaging Prescriptions.

9.14.1. Package prescriptions using the *Poison Prevention Packaging Act* (16 CFR, Sections 1700-1704) and the *Poison Prevention Packaging Act of 1970* (15 U.S.C. Sections 1471-1474, Public Law 91-601).

9.14.2. When issuing prepackaged medications to clinics for outpatient dispensing by providers, include a label for the patient's name, patient education material, and directions for use with every container.

9.14.3. Prepackaged medications dispensed by a provider directly to the patient do not require prescriptions. Document the prescribed treatment on the SF 600/SF 603 and electronic equivalent (e.g., CHCS, AHLTA, or EHR). Dispensing outside the pharmacy is accomplished under the supervision of providers whose license allows dispensing directly to patients. The dispensing provider will ensure the accuracy of the medication order prior to dispensing to the patient. Providers must adhere to the same procedures and standards of practice as apply to dispensing from a pharmacy to ensure a single standard of care.

9.14.4. Manufacturer samples may not be kept in the MTF or dispensed to patient.

9.14.5. Medications procured for the purposes of clinical investigation are dispensed only from the pharmacy according to an Institutional Review Board approved protocol. The process for participation in clinical investigations is outlined in AFI 40-402.

9.15. Labeling Prescriptions.

9.15.1. Only pharmacy personnel are authorized to label and transfer medications from the manufacturers' package to different containers.

9.15.2. Pharmacy prepares a label for each prescription and fastens it securely to each package or container before dispensing. The label must conform to requirements stated in the Food, Drug, and Cosmetic Act, Sections 502 and 503 and 21 U.S.C. Sections 352 and 353. Pharmacy provides the patient with additional information when necessary to ensure that they use and store the drugs properly.

9.16. Refilling Prescriptions.

9.16.1. The provider authorizes a pharmacy to refill certain prescriptions by giving refill information to the original prescription.

9.16.2. Pharmacies may not refill prescriptions for drugs listed in schedule II. Pharmacies may not refill prescriptions for drugs listed in scheduled III, IV, and V more than six months after the date of issue or more than five times total.

9.16.3. Pharmacies normally honor prescription refills only if they have the original prescription on file. Pharmacists may request transfer of an original prescription provided that the validity of the prescription (e.g., that refills are available and the prescription is still

active, etc.) is verified with the pharmacist at the transferring facility before filling the prescription. The transferring facility will discontinue the original prescription and note in the comment field of CHCS the name of the pharmacist, the facility and the date transferred. The receiving facility must ensure their database reflects the original fill date, prescription number, provider name and DEA number and the adjusted number of refills remaining. Prescriptions for controlled medications may be transferred once, while prescriptions for non-controlled prescriptions may be transferred more than once as necessary for patient needs. Transferring prescriptions shall follow federal law and where possible, local state pharmacy regulations.

9.16.4. Prescriptions may be refilled when 75% of the quantity dispensed has been used by the patient, based on the directions for use and the quantity prescribed, or at the discretion of the pharmacist.

9.17. Mailing Medications.

9.17.1. Under usual circumstances, routine mailing of prescriptions to eligible beneficiaries by MTF pharmacies is not authorized.

9.17.2. Prescriptions may be mailed to patients enrolled at or routinely receiving care at an MTF in an emergency. Follow postal service regulations for mailing controlled substances.

9.18. Use of Pharmacy Automation Equipment (also see paragraph 9.12.3.)

9.18.1. Pharmacy automation equipment will be used to the maximum extent possible in the dispensing of outpatient prescriptions. In the event of a power outage or equipment malfunction, pharmacies must have appropriate downtime procedures to maintain accuracy in the dispensing process.

9.18.2. Pharmacists will ensure that safety features designed into automation equipment are being used and access to safety overrides is limited. All overrides will be documented, including: reason for override, identity of personnel who accomplished the override, identity of witness to the override, and date and time of the override.

9.18.3. Every manufacturer package intended for stock in automated dispensing equipment will be barcode scanned and logged in at the time it is placed into the equipment. Unclaimed prescriptions that are returned to stock must also be barcode scanned prior to being loaded into equipment.

Section 9I—Inpatient Pharmacy Services

9.19. Inpatient Pharmacy Services.

9.19.1. The Pharmacy Flight Commander or Element Chief:

9.19.1.1. Determines the extent of services based on available staff, funding and workload. Any changes in services that will affect pharmacy operating hours must be coordinated with the squadron and MTF/CC.

9.19.1.2. Develops a priority order of services provided as available resources change.

9.19.1.3. Ensures that a pharmacist reviews all inpatient orders.

9.19.2. Unit dose drug distribution will be used to the maximum extent possible. This system provides inpatient drugs under a direct copy of AF Form 3066, or an approved electronic order. A patient medication profile must be maintained on AF Form 3069, *Medication Administration Record* or an automated product.

9.20. Sterile Product Preparation.

9.20.1. A pharmacist supervises the preparation of intravenous admixtures by pharmacy staff and ensures non-pharmacy personnel preparing admixtures outside of the pharmacy are trained to follow the United States Pharmacopoeia Chapter 797 Standards (USP 797) for the preparation of sterile products.

9.20.2. Pharmacies providing sterile products will implement and document the following programs:

9.20.2.1. Personnel training and evaluation in aseptic technique and random product sterility testing for each compounded sterile product (CSP) risk level used in the facility.

9.20.2.2. Environmental quality and control monitoring to ensure ISO 5 environment.

9.20.2.3. Education and training of all affected MTF personnel on the handling, storage and transport of CSPs.

9.20.2.4. Patient monitoring and adverse events reporting.

9.20.2.5. CSP quality assurance to continually evaluate and improve the preparation of sterile products.

9.20.2.6. Other programs necessary to meet the intent of USP 797.

9.21. Bulk Compounding.

9.21.1. Pharmacists bulk compound pharmaceutical preparations using formulas from official compendia, other references or locally developed formulas only when a quality product can be ensured. Use:

9.21.1.1. AF Form 2381, *Pharmacy Master Formula,* for each item manufactured in bulk quantities.

9.21.1.2. AF Form 2382, *Pharmacy Bulk Compounding Chronological Control Log*, to assign lot numbers to each preparation.

9.21.1.3. AF Form 2380, *Pharmacy Manufacturing Control Data,* for each individual batch prepared.

9.21.1.4. AF Form 781, to account for all controlled drugs used in compounding.

9.22. Providing Force Health Protection Prescription Products (FHPPP).

9.22.1. FHPPP are defined in DODI 6490.3., Deployment Health, AFI 10-403, *Deployment Planning and Execution* and AFJI 48-110, *Immunizations and Chemoprophylaxis*. FHPPP include certain drugs, vaccines, and other medical products useful for protecting the health of deployed personnel that may be used only under a physician's prescription. Examples are ATNAA (atropine and pralidoxime chloride) and Diazepam autoinjectors, pyridostigmine bromide, certain antimicrobials, and antimalarials.

9.22.2. When requested by Air Force Component theater reporting instructions, all FHPPP shall be provided or issued under prescription by qualified personnel who have been instructed on the exclusion criteria (i.e., contraindications or those who are not required to take the medication for medical reasons) and other medical guidance applicable to the products. For guidance regarding bulk issue of FHPPP to troop commanders, see AFI 41-209, *Medical Logistics Support*.

9.22.3. The medical record and CHCS drug file of all patients issued FHPPP will be documented with the drug name, strength, quantity, directions and name of ordering provider on an SF600 and on the deploying members DD Form 2766.

9.22.4. Documentation and dispensing of FHPPP is a collaborative effort between Medical Logistics, Pharmacy and Deployment Medicine personnel. The MTF will develop a local policy to establish communication and coordination between departments for this purpose.

9.22.5. For guidance on return of FHPPP see AFI 41-209, *Medical Logistics Support*.

9.23. Prescriptions for Deploying Personnel.

9.23.1. Pharmacies will dispense prescription medication to deploying personnel in a quantity sufficient to last for the duration of the deployment plus transit time unless otherwise prohibited by Federal law, combatant command guidance or provider judgment.

9.23.2. When storage or logistical difficulties prevent the deploying member from receiving sufficient quantities of medications to last throughout the deployment, the deployer will enroll in the TRICARE Home Delivery (also known as TRICARE Mail Order Program) or the Deployment Prescription Program to receive medications through the mail.

Chapter 10

OPTOMETRY SERVICES

10.1. Policies and Procedures.

10.1.1. Optometrists.

10.1.1.1. Doctors of optometry are primary eye care professionals who provide comprehensive management of disorders and diseases of the eye, associated structures, and visual system, as well as diagnosis of related systemic conditions. Optometrists also co-manage conditions that affect the ocular health and vision of their patients or refer them to secondary/tertiary levels of care, when indicated. Optometrists ensure vision and optical readiness, and vision conservation of the forces.

10.1.1.2. Support the flying mission through examining and treating the eyes and vision of aircrew members and by providing ophthalmic expertise on MAJCOM waiver work-ups, in addition to, prescribing spectacles, contact lenses and other optical devices. Additional support is provided for the initial flying class I/IA/II/III physical exam program.

10.1.1.3. Screen, refer, and provide post-operative care of active duty members participating in the aviator and warfighter corneal refractive surgery (CRS) programs.

10.1.1.4. Support the warfighter through prescription, fitting and dispensing of gas mask and ballistic protective inserts.

10.1.2. Using Therapeutic Agents: Optometrists may prescribe medications for topical ocular therapy and systemic management of ocular disorders, within the scope of practice of their clinical privileges.

10.2. Contact Lens Services.

10.2.1. Aircrew Soft Contact Lens program has priority over all other contact lens services.

10.2.2. May prescribe and dispense contact lenses to active duty members with medical conditions that require contact lenses, at government expense.

10.2.3. The MTF/CC determines whether to provide cosmetic or elective contact lenses when unique military or special duty requirements exist.

10.2.4. Costs for contact lenses prescribed for cosmetic or elective reasons are the responsibility of the patient (active duty, dependent or retiree).

10.3. Documentation of Optometry Services. Use:

10.3.1. AHLTA/EMR using computable data elements and free text. If not available use AF Form 781, when prescribing therapeutic agents; AF Form 1722, *Optometric Examination Record,* DD Form 741, *Eye Consultation,* or an overprinted SF 600 to document routine eye examinations; SF 513, *Medical Records Consultation,* for documenting referral evaluations; and SF 600, for follow-up and urgent care visits.

10.3.2. AF Form 1721, *Spectacle Prescription,* to provide patients with a prescription that civilian opticians may fill.

10.3.3. Spectacle Request Transmission System (SRTS), if not available use DD Form 771, *Eyewear Prescription*.

10.3.4. AHLTA/EMR, if not available use SF 88, *Report of Medical Examination*, for physical examinations.

10.3.5. DD Form 2351, *Department of Defense Medical Examination Review Board (DOD¬MERB) Report of Medical Examination*, for USAF Academy, Reserve officer Training Corps (ROTC), and Uniformed Services University of the Health Sciences (USU) applicants.

10.3.6. Preventive Health Assessment and Individual Medical Readiness program (PIMR) to document medical readiness items.

Chapter 11

PHYSICAL/OCCUPATIONAL THERAPY SERVICES

11.1. Requests for Occupational and/or Physical Therapy are documented via electronic order entry in AHLTA, CHCS or on SF 513.

11.1.1. Requests may be written by all privileged MTF providers, other uniformed services providers, and by civilian physicians and dentists.

11.1.2. Per AFI 44-119, Physical Therapists who are Advanced Clinical Specialists, are able to provide direct access for musculoskeletal and neuromuscular conditions, prevention and wellness activities, screening and promotion of healthy lifestyles, without referral.

11.2. Documentation.

11.2.1. Physical Therapy and Occupational Therapy will document outpatient evaluations, re-evaluations, treatment plans and goals in AHLTA or the current version of the electronic medical record. Inpatient evaluations, re-evaluations, treatment plans and goals will be documented in Essentris or the current version of the electronic medical record.

11.2.2. In the event of AHLTA outage, if Microsoft applications are available, therapists/techs have the option of maintaining their documentation (evals/re-evals) in a word document. Once AHLTA is available, they will transfer their documentation electronically by copy/paste into the "add note" function. In the event of Essentris outage, providers will use the locally accepted back-up plan for inpatient documentation.

Chapter 12

MENTAL HEALTH SERVICES

12.1. Clinical Hypnosis.

12.1.1. Provider Privileges: Providers may be granted privileges to administer hypnotherapy within their own field if they meet the recommendations and requirements of the American Society of Clinical Hypnosis or the Society for Clinical and Experimental Hypnosis.

12.1.2. Restrictions

12.1.2.1. Providers may not use hypnosis on individuals in the Personnel Reliability Program, Presidential Support Program, or engaged in a Sensitive Duty program without the consent of the certifying official.

12.1.2.2. Providers may not use hypnosis or drug-induced interviews on witnesses or victims of crimes, or known subjects of Air Force Office of Special Investigations (AFOSI) investigations. ***EXCEPTION:*** These subjects may undergo hypnosis or a drug-induced interview with full coordination from AFOSI and with the individual's permission prior to hypnosis or drug-induced interview.

12.1.3. Chaperones must be present during hypnosis sessions.

12.2. Formal Sex Therapy.

12.2.1. Clinician Requirements: Clinicians privileged to provide sex therapy must meet the supervision requirements, or be recognized as a certified sex therapist by the American Association of Sex Educators, Counselors and Therapists.

12.2.2. Chaperones must be present during sex therapy sessions.

Chapter 13

ALLERGY AND IMMUNIZATIONS SERVICES

Section 13A—Responsibilities

13.1. Responsibilities.

13.1.1. AF/SG will:

13.1.1.1. Appoint, in writing, the Chief Consultant for Allergy/Immunizations (A/I).

13.1.2. The Chief Consultant to the AF/SG for Allergy/Immunology will**:**

13.1.2.1. Organize MTFs into allergy regions.

13.1.2.2. Designate, in writing, regional A/I consultants.

13.1.2.3. Determine/approve the content of the Allergy Extender Short Course.

13.1.2.4. Review course curriculum content of the Walter Reed National Military Medical Center (WRNMMC) A/I Specialty Course during Interservice Training Review Organization (ITRO) process and recommend changes to the 4N0X1X AF Career Field Manger.

13.1.2.5. Determine minimum requirements for allergy refreshers for physicians and A/I technicians. Refresher curriculum will be reviewed at least every two years or as standards change or issues arise.

13.1.2.6. Review findings from allergy/immunizations patient safety root cause analysis to consider if changes should be made to A/I physician/technician training curriculum.

13.1.2.7. At a minimum, meet with the Regional A/I Consultants, 4N0X1X Career Field Manager and A/I enlisted consultant annually.

13.1.3. The Regional A/I Consultants will:

13.1.3.1. Establish and monitor the A/I services for each MTF within their region.

13.1.3.2. Provide consultative support to MTF providers within the region.

13.1.3.3. Approve use of allergy extracts not provided by the regional allergy support facility.

13.1.3.4. Coordinate with AFMSA Public Health (AFMSA/SG3PM) on issues pertaining to immunization related preventive health issues.

13.1.3.5. Visit local MTFs and conduct Site Visits as requested by MTF or MAJCOM SG. Site Visit findings must be forwarded to the respective MAJCOM SG within 60 days of visit.

13.1.3.6. Review each immunotherapy initiation request, allergy immunotherapy extract refill request, and other extract requests ordered by an allergy extender. If there are no contraindications for initiation or continuation of therapy, the regional consultant will then order or co-sign the orders for these requests.

13.1.4. 4N0X1 AF Career Field Manager (CFM) will:

13.1.4.1. Designate, in writing, an enlisted consultant for A/I.

13.1.4.2. Manage 4N0X1X personnel with Special Experience Identifier (SEI) 453 indicating Allergy experience and SEI 454 indicating Immunization experience, for utilization, training and career progression.

13.1.4.3. Review and approve all revisions to the course curriculum content of the WRNMMC A/I Specialty Course, during Interservice Training Review Organization (ITRO) process.

13.1.4.4. Determine Immunization Back-up Technician (IBT) and Immunization Augmentee (IA) training requirements.

13.1.4.4.1. Approve IBT/IA training requirements/course content at a minimum of every 2 years.

13.1.4.4.2. Approve all 4N0X1X CFETP A/I updates.

13.1.5. The Enlisted Consultant for A/I will:

13.1.5.1. Provide subject matter expertise on all A/I related issues.

13.1.5.2. Annually review the 4N0X1X CFETP, participate in 4N0X1X Utilization and Training Workgroup, and recommend training updates to the 4N0X1X CFM.

13.1.5.3. Conduct research and provide updates on new vaccines, immunization schedules and policies and provide this information to MTF A/I personnel via email, newsletter and Air Force Medical Service Allergy/Immunization Knowledge Exchange Portal located at **https://kx.afms.mil/kxweb/dotmil/kj.do?functionalArea=allergyimmunization**. All information will be coordinated with AFMSA AF Public Health prior to release.

13.1.5.4. Visit local MTFs and conduct Site Visits as requested by MTF or MAJCOM SG. Site Visit findings must be forwarded to the respective MAJCOM SG within 30 days visit.

13.1.5.5. Collaborate with WRNMMC A/I instructors to update IBT Training Modules and end of course test at a minimum of every 2 years or as directed by the A/I Consultant and/or the 4N0X1X AF CFM.

13.1.5.6. Collaborate with WRNMMC Air Force A/I instructor staff annually for review and update (from last published date) of the Allergy (SEI 453) QTP 4N0X1-11. Post completed QTPs to AF e-publishing website.

13.1.5.7. Collaborate with WRNMMC Air Force A/I instructor staff annually for review and update (from the last published date) of the Immunization (SEI 454) QTP 4N0X1-12. Post completed QTPs to AF e-publishing website.

13.1.5.8. Provide input, as requested, for any A/I related adverse event, patient safety root cause analysis and applicable AFIs, policies, and procedures.

13.1.5.9. Collaborate with the A/I course at WRNMMC to ensure Air Force training requirements are met.

13.1.6. The MTF/CC will:

13.1.6.1. Appoint, in writing, a credentialed physician/medical director responsible for the MTF A/I clinic/service, if the MTF provides allergy services. Where a trained allergist is not available, this physician will attend the Allergy-Extender Short Course. When allergy services are not provided, a credentialed physician will be appointed, in writing, to be responsible for the MTF immunization clinic/service. This physician shall be trained IAW the requirements found in AFJI 48-110 for an immunizations medical director.

13.1.6.2. Appoint, in writing, an Officer In Charge (OIC)/Noncommissioned Officer In Charge (NCOIC) of the Anthrax Implementation Vaccine Program (AVIP).

13.1.6.3. Ensure personnel providing smallpox vaccinations and care to recipients, review the MILVAX website for additional information at least quarterly. Immunization clinic OIC/NCOIC will ensure all trained smallpox vaccinators are fully versed in the use of ACAM2000 before performing vaccinations.

13.1.6.4. Ensure appropriate A/I Clinic staffing and IBTs deployed in FFDAB/FFPCM Unit Type Code (UTCs) are fully trained prior to deployment. These UTCs require at least one of the 4N0X1Xs to be a fully trained IBT (not substitutable).

13.1.7. Designated Physician/Medical Director for Allergy and/or Immunization Clinic will:

13.1.7.1. Provide the clinical oversight for A/I services.

13.1.7.2. Act as consultant for healthcare providers with questions/concerns related to Allergy immunotherapy and/or immunizations.

13.1.7.3. Annually review/approve Immunization Clinic's operating instructions. At a minimum, all A/I or Immunizations Clinics will maintain these operating instructions:

13.1.7.3.1. Inventory/Cold Chain Management.

13.1.7.3.2. Deployment Procedures.

13.1.7.3.3. Forward Support.

13.1.7.3.4. Clinic Operations.

13.1.7.3.5. Emergency Management and Adverse Events.

13.1.7.3.6. An operating instruction will be maintained on point of service operations where this exists.

13.1.7.4. Utilize applicable AFMOA/AFMSA or MAJCOM guidance in conjunction with the Centers of Disease Control and the Advisory Committee on Immunizations Practices (ACIP) guidelines in establishing directives (standing orders) for vaccine delivery.

13.1.7.5. At a minimum, conduct quarterly inservices for 4N0X1s with SEI 453/454.

13.1.7.6. Attend regional refresher training every two years unless waived by the regional allergist.

13.1.8. Chief Nurse (SGN) will:

13.1.8.1. Provide oversight of nursing activities in support of the A/I program IAW AFI 46-101.

13.1.8.2. Provide support to the 4N functional manager as needed in the operations and oversight of immunization activities.

13.1.8.3. Provide direction for registered nurse training in the administration of immunotherapy and the practice of registered nurses in the allergy/immunizations clinic.

13.1.8.4. Ensure IBT program oversight is conducted through the nursing executive council.

13.1.9. Senior 4N Functional Manager (FM) will:

13.1.9.1. Provide oversight of immunization activities to include training, documentation, sustainment and utilization of the A/I techs, IBTs and IAs IAW AFI 46-101, *Nursing Services and Operations*.

13.1.9.1.1. Ensure all 4N0X1Xs functioning full-time/assigned to an allergy or immunization clinic (other than IBTs) have completed WRNMMC A/I Specialty Course and AF 2096 (IAW AFECD SEI skill set award) to reflect award of Allergy 453/Immunization 454 SEI.

13.1.9.1.2. Ensure all 4N0X1Xs with 454 SEI attend the PIMR and AF Complete Immunization Tracking System (AFCITA) workshop.

13.1.9.1.3. Ensure position descriptions and state licensure include/cover immunotherapy and/or immunizations when using civilian/contract personnel for these services.

13.1.9.1.4. Provide oversight of all A/I, IBT and IA training programs and ensuring compliance with all documentation requirements to include AF Form 2096 updates.

13.1.9.1.5. Ensure all 4N0X1Xs (SrA-MSgt) with Allergy 453/Immunization 454 SEIs no longer working in A/I clinics maintain A/I currency by maintaining IBT training currency and biennial allergy recertification.

13.1.9.1.6. Ensure A/I Clinic is appropriately staffed. At a minimum, the A/I Clinic will be staffed with two personnel; one will be a fully trained A/I technician.

13.1.9.1.6.1. A/I techs with less than six months allergy/immunizations experience (starting from graduation A/I tech training) will not work independently and must be augmented by a current A/I tech.

13.1.9.1.6.2. Wherever immunizations (other than A/I Clinics) are provided, a fully trained A/I tech or IBT may be utilized as long as there is provider oversight and access to immediate pre-hospital emergency services, cardiopulmonary resuscitation (CPR) equipment and an ability to immediately treat anaphylaxis.

13.1.9.1.7. Appoint an IBT Program Manager (typically the MTF senior A/I technician).

13.1.9.1.8. Ensure compliance with patient care standards and National Patient Safety Goals. At a minimum, random A/I clinic vaccine spot inspection will be

accomplished to ensure expired vaccines are not stored in the A/I Clinic and vaccine lot numbers match information in AFCITA/ASIMS.

13.1.10. MTF Public Health Officer will:

13.1.10.1. Attend the Population Health Function to provide guidance on vaccine schedules/policies and, in conjunction with the regional allergist, act as consultant to healthcare providers for policy questions/concerns on immunizations.

13.1.10.2. Serve as the primary POC for notifying installation commanders of the medically ready to deploy status of their Airmen.

13.1.10.3. Provide guidance on required immunizations for deployments.

13.1.11. Allergy/Immunization NCOIC will:

13.1.11.1. Train new IBTs on Air Force Complete Immunization Tracking Application (AFCITA) or the current accepted AF electronic tracking application to include data entry, updating vaccine lot number list, editing, deleting records, and how to document and transcribe records.

13.1.11.2. Certify all initial training for IBTs. Only current A/I technicians may train IBTs.

13.1.11.3. . Report and manage all immunization-related incidents IAW AFI 44-119, *Medical Quality Operations*.

13.1.11.4. Ensure proper cold chain storage and inventory management for all vaccines are used within the MTF. All vaccines will be inventoried and rotated monthly; expiration dates must be checked weekly. Vaccines that are stored outside the manufacturer's recommendations from the package insert should be reported immediately to Immunizations Medical Director, NCOIC, OIC, and MTF Executive Staff to ensure proper management and oversight of vaccine that may be unsuitable to use. ***NOTE:*** See 13.14.5. and 13.15.3. regarding specific guidance for cold chain management for anthrax and smallpox vaccines.

13.1.11.5. Ensure all A/I techs subscribe to the AFMS A/I Knowledge Exchange Portal located at **https://kx.afms.mil/ai**. A/I techs are responsible to be knowledgeable of the content and standards on this website. At a minimum, A/I techs will review this website weekly or sooner if updates occur.

13.1.11.6. Subscribe to the AF Medical Logistics website: **https://medlog.detrick.af.mil/index.cfm?event=settings.general&stop_dir=true** to receive Department of Defense Medical Materiel Quality Control (DODMMQC) messages.

13.1.12. IBT Program Manager will:

13.1.12.1. Collaborate with the Immunization NCOIC to ensure a standardized training rotation is created within the facility for all IBT/IAs to ensure integrity and quality of initial/sustainment training.

13.1.12.2. Ensure a process exists for tracking the amount of time each IBT works in the Immunization Clinic and tracks IBT in-service attendance.

13.1.12.3. Randomly evaluate the training provided to the fully qualified IBTs.

13.1.12.4. Perform IBT program inspections and review IBTs' Air Force Training Record (AFTR) for training documentation compliance.

13.1.12.5. Maintain current appointment letter from the MTF SGP of IBTs who are authorized and clinically trained to administer Anthrax Vaccines per the 4N0X1X CFETP.

Section 13B—Allergy Services

13.2. Allergy Extender Training Requirements:

13.2.1. The Allergy Short Course conducted at the 59 MDW, San Antonio, Texas. This is the first formal didactic course that potential extenders are required to attend.

13.2.2. One week hands-on training, preferably conducted at their regional facility.

13.2.3. Refresher training will be accomplished every 2 years with the Regional Consultant.

13.2.4. It is the responsibility of each MTF to ensure that an Allergy Extender (and alternate, highly recommended if primary is unavailable) is appropriately trained if the MTF desires to provide allergy services.

13.2.4.1. MTFs may continue to provide allergy shots if the extender is absent as long as an ACLS/PALS trained provider is readily available. New allergy patients will not be started on therapy and/or skin testing will not be accomplished without an Allergy Extender readily available.

13.3. Site Visits.

13.3.1. The Chief Consultant, Regional Consultants and the A/I Enlisted Consultant are responsible for assisting each MTF with their allergy services. Each MTF should undergo an annual self-inspection of their A/I Services. This can be performed by doing the SGH Allergy Checklist (found on the A/I KX site). At the request of the MTF a site visit by the Regional Consultant or the AF A/I Enlisted Consultant can be performed in lieu of the SGH checklist. These Site visits will be funded by the requesting MTF.

13.3.2. The completed checklist will be sent to the Regional Consultant who will review the results and make recommendations, if necessary. The Regional Consultant will send a consolidated report to the MTF's respective MAJCOM SG and to the Chief A/I Consultant to the AF/SG.

13.4. Training Requirements for Registered Nurses to provide Immunotherapy.

13.4.1. Registered Nurses can administer immunotherapy which is considered a prescribed medication for which they are licensed to administer with the approval of the MTF SGN.

13.4.2. IAW the Allergen Immunotherapy Practice Parameter Update (current edition) registered nurses will require specific allergy training and demonstrated competence in the technical aspects of administering immunotherapy, management and treatment of adverse events (local and systemic reaction), recognition and treatment of anaphylaxis, preparation of 10-fold dilutions, and appropriate documentation in Allergy (Immunotherapy) Record.

Training will be documented by the MTF Allergists or Allergy Extender in the nurse's training folder.

13.5. Initial Training Requirements for the Enlisted Allergy Technician SEI 453.

13.5.1. Completion of the formal Allergy/Immunology Course J5AZA4N051 00AA, at WRNMMC, (WRNMMC A/I Specialty Course).

13.5.2. Six months of clinical experience upon graduation, in any allergy position at the discretion of their supervisor IAW Air Force Enlisted Classification Directory (current edition).

13.5.3. Once training requirements are met and all applicable tasks in the 4N0X1X CFETP Attachment 4 STS are signed off, member will submit an AF 2096 to obtain their SEI(s) IAW AFI 36-2201.

13.5.4. Civil service and contract Licensed Practical Nurses/Licensed Vocational Nurses (LPN/LVNs) are recognized and utilized in the AF as equivalent 5- and 7-level 4N0s. Utilizing LPNs/LVNs as enlisted allergy technicians requires completion of the formal Immunology/Allergy Course. LPNs/LVNs completing this course must comply with all training requirement for Allergy Technician SEI 453 IAW this AFI.

13.6. Allergy Technician SEI 453 Sustainment Training.

13.6.1. A 5-day allergy refresher training every 2 years at their regional facility. At a minimum, this training will consist of reverification of all A/I QTPs. Successful completion of this training will be documented in the individual's AFTR.

13.6.1.1. Allergy technician refresher training is funded by the MTF where the trainee is assigned.

13.6.1.2. The 2 year period starts with the day the 4N0X1X graduates from the WRNMMC A/I Specialty Course or PCS from a regional facility. For members assigned and functioning in an Allergy Clinic at a Regional Facility, the allergist or senior enlisted trainer will annually document allergy proficiency and reverification of all A/I QTPs on an AF Form 623a in the member's AFTR. ***NOTE:*** Members assigned to USAFE or PACAF have the option for A/I recertification training every other rotation at the following two Army Facilities: Landstuhl (Germany) or Tripler (Hawaii).

13.6.2. 4N0X1Xs with SEI 453 SrA-MSgt (regardless of duty section) will maintain currency of skills through completion of biennial recertification at a regional facility. This will ensure MTFs will have adequate trained personnel to support the operational needs that may be disrupted due to leaves, TDYs, deployments or separations.

13.6.3. Allergy technician (453 SEI) will NOT engage in administration of immunotherapy, skin testing or any care specific to allergy if not current on recertification training. This lapse in certification will be documented in the individual's AFTR.

13.7. Administration of Civilian Allergy Extract/Vaccine. If a patient is evaluated by a civilian allergist or other civilian physician and started on allergen extract/vaccine that is not prepared by a military mixing facility (i.e. Walter Reed Regional Mixing Facility or Wilford Hall Mixing Lab), that patient will have their allergen vaccine administered by the civilian physician.

It will not be given at the MTF. Only the Regional Consultant may approve temporary use of allergy extracts not provided by the regional allergy support facility.

13.8. Immunotherapy and Deployments. The risks associated with immunotherapy outweigh the benefits in the deployed setting. If the patient's symptoms are so severe that immunotherapy cannot be temporarily disrupted, the active duty member should be considered non-deployable due to his/her underlying allergic disease and be reviewed for meeting retention standards IAW AFI 48-123, *Medical Exams and Standards*. ***EXCEPTION:*** On a case-by-case basis, those members deploying to a MTF that routinely provides immunotherapy such as the Contingency Aeromedical Staging Facilities located at Andrews or Ramstein AFB could be considered for continuation of therapy.

Section 13C—Immunization Services

13.9. Initial Training Requirements for Immunization Technician SEI 454.

13.9.1. Completion of a formal Immunology/Allergy Course J5AZA4N051 00AA, at WRNMMC.

13.9.2. Must have 6 months of clinical experience upon graduation, in a immunization position and at the discretion of their supervisor IAW Air Force Enlisted Classification Directory Part II Section (current edition).

13.9.3. Once training requirements are met and all applicable tasks in the 4N0X1 CFETP Attachment 4 STS are signed off, member will submit an AF 2096 to obtain their SEI(s) IAW AFI 36-2201. ***NOTE:*** In locations where a new 454 may not have 6 month overlap with an experienced 454, the allergist/allergy extender in conjunction with the MTF 4N Functional Manager will ensure training/experience is completed and coordinate the completion of the AF 2096.

13.10. Utilization of Other Staff in the Immunization Clinic.

13.10.1. Active Duty Registered Nurses (RN) may administer immunizations. Completion of the Immunization Backup Technician (IBT) didactic course is highly recommended. ***NOTE:*** Any military specific vaccine, i.e. anthrax, smallpox or influenza will need vaccine specific training, to include all requirements in AFJI 48-110 Appendix B, Military Training: Shot technique, dosage, reading manufacturer package insert, contraindications, adverse side effects and reporting system, emergency management of anaphylaxis, patient education/VIS and storage and handling of the vaccine. The MTF Allergist or Allergy Extender will document the training in the nurse's training folder.

13.10.2. Civil Service and contract RNs and LPNs/LVNs may administer immunizations if immunization is part of their position description. Completion of the IBT didactic course is highly recommended for RNs. IBT training requirements are mandatory for LPNs/LVNs. LPNs/LVNs who have completed the formal A/I Specialty Course do not need to complete the IBT course provided that they are in compliance with initial and sustainment training requirement IAW this AFI for Immunization Technician SEI 454. ***NOTE:*** Any military specific vaccine, i.e. anthrax, smallpox or influenza will need vaccine specific training, to include all requirements in AFJI 48-110 Appendix B, Military Training: shot technique, dosage, reading manufacturer package insert, contraindications, adverse side effects and reporting system, emergency management of anaphylaxis, patient education/VIS and storage

and handling of the vaccine. The MTF Allergist or Allergy Extender will document the training in the nurse's training folder.

13.10.3. IBTs provide back-up coverage in the immunization clinic, point of service immunization clinic setting, and support of mobility processing lines in the absence of an A/I Technician SEI 454 due to leave, TDY, PCS or deployment.

13.10.3.1. IBTs supporting Deployment Processing Units will consist of a minimum of one 7-Level IBT.

13.10.3.2. IBTs will not routinely hold NCOIC positions in Allergy/Immunization Clinics without waiver approval from MAJCOM/SG. IBTs will not be awarded the SEI 454 without the completion of the WRNMMC A/I Specialty Course. This does not apply to ARC, since the ARC does not have allergy/immunization technicians.

13.10.3.3. IBTs will not provide immunotherapy (allergy shots) for patients.

13.10.3.4. IBTs will not provide initial or refresher immunizations training to other IBTs or IAs.

13.11. Immunization Back Up Technician (IBT) Program.

13.11.1. MTF 4N Functional Manager provides oversight of the MTF IBT program and the IBT Program Manager is responsible for the management of this program. At a minimum, the status of IBT training will be reported to the MTF Chief Nurse and MTF 4N Functional Manager during the Nurse Executive Function quarterly and will be included in the status of training report to the MTF/CC.

13.11.2. MTF/RMU Senior Leadership (MDOS Superintendent/4N Functional/Chief Nurse) will determine locally the number of IBTs for their facility.

13.11.3. Unit Education/Staff Development Office will:

13.11.3.1. Enroll technicians in the IBT Distance Learning Course, document training completed in member's AFTR. Reference AFI 44-103, *AF Independent Duty Medical Technician (IDMT) Program* for IDMT documentation requirements.

13.11.3.2. Administer and safe guard the IBT Course and Exam.

13.11.3.3. Document administration, completion and score of IBT exam in members' AFTR record. Inform the IBT program point of contact (typically the MTF Senior A/I technician) to coordinate exam review with member. ***NOTE:*** Medical units may designate the MTF 4N Functional Manager or NCOIC, Immunizations Clinic as the IBT program POC.

13.11.3.4. Notify supervisor, IBT Program Manager and MTF 4N Functional Manager of failures and any re-test. IBT Program Manager will ensure remedial training is conducted after each failure and documented in trainees AFTR. ***NOTE:*** After third failure, member's supervisor/commander will take appropriate actions.

13.11.3.5. Information regarding obtaining IBT exam can be found on the A/I website: **https://kx.afms.mil/kxweb/dotmil/kj.do?functionalArea=allergyimmunization** or contact the WRNMMC A/I Specialty Course at DSN 285-7813 or Comm. 301-319-7813.

13.11.4. IBT Initial Training Requirements:

13.11.4.1. Must be a 4N051X or a 4N031 who has completed Career Development Courses (CDCs), is signed off on all core/duty tasks in the CFETP and is awaiting upgrade. Additionally, the individual must have the recommendation of his/her supervisor and the MTF's 4N Functional.

13.11.4.2. Didactic and Clinical training requirements must be accomplished within 90 days (180 days for ARC). Start date begins on receipt of IBT study guide. Individuals who do not complete the entire course within 90 days (180 days for ARC) will be disenrolled from the course (with appropriate AFTR documentation) and referred to the 4N FM for consideration of re-enrollment into the IBT course.

13.11.4.3. IBT Initial Didactic Training Requirements:

13.11.4.3.1. Must pass end of course exam with a minimum score of 70% before starting clinical training to demonstrate comprehension of didactic material. This will be documented on the members AF 623a in the AFTR. ***NOTE:*** Air Reserve Component (ARC) personnel will be authorized 120 days to complete IBT Distance Learning Course.

13.11.4.3.1.1. Individuals failing the written test will be tutored by a 4N0X1X with 454 SEI (or the unit's MTF 4N0 FM in the ARC if there is no one in the unit with the 454 SEI) before any retests. This will be annotated in the members AFTR on the AF 623a. After a second failure, member will not be allowed to enter retraining as an IBT for a 120-day period.

13.11.4.3.2. All IBTs will train to the knowledge level on anthrax and small pox. Those appointed in writing by the MTF/RMU SGP will receive administration training and will be authorized to administer these vaccinations. Appropriate documentation will be made on AF Form 623a in individuals AFTR.

13.11.4.4. IBT Initial Clinical Training Requirements:

13.11.4.4.1. A minimum of 15 duty days in an immunization clinic to include 10 duty days of providing pediatric immunizations; and 5 duty days for adult immunizations with appropriate documentation procedures. For ARC, a minimum of 12 duty days in an immunization clinic to include 8 days of providing pediatric immunizations; and 4 duty days for adult immunizations with appropriate documentation procedures. ***NOTE:*** In unique circumstances due to time constraints (i.e. deployments), the timeframe required for clinical training maybe reduced. This requires recommendation from the IBT Program Manager only after successful completion of QTPs and demonstrated proficiency on all immunization tasks, with the concurrence of the MTF's 4N FM and approval from the MAJCOM 4N FM.

13.11.4.4.2. Reviewing of all related immunizations AFJIs, AFIs, MTF Instructions, and A/I Clinic Operating Instructions. Additionally, will demonstrate proficiency in immunization documentation, patient education, patient screening, contraindications, and injection technique/demonstration of proficiency. All training will be documented in the member's AFTR on AF Form 623a and all tasks in the 4N0X1 Allergy/Immunization SEI 453/454 STS portion of the CFETP (Section 4.14.). ***NOTE:*** ARC may tentatively certify member to adult level immunization if no opportunity to acquire pediatric hands-on clinical training is available until their

annual tour. Tentative status should be no longer than 12 months. Recommend ARC Unit Commander coordinate training with local active duty MTF to complete pediatric rotation training requirements. Those tentatively certified members cannot deploy in any Unit Type Code (UTC) as an IBT.

13.11.4.4.3. Reviewing and subscribing to the AFMS A/I Knowledge Exchange Portal located at **https://kx.afms.mil/ai** is mandatory. IBTs are responsible to be knowledgeable of the content and standards on this website. At a minimum, IBTs will review this website quarterly (bi-annually for ARC).

13.11.5. IBT Sustainment Training will consist of:

13.11.5.1. A minimum of 8 hours of clinical training every quarter (bi-annually for ARC). To include 6 hours of training that meets requirements in AFJI 48-110 Appendix B, Military Training and consists of: vaccine storage and handling (cold chain management),vaccine characteristics, patient interviewing techniques, distinguishing valid and invalid contraindications, injection technique, documentation, managing and reporting of adverse events, management of anaphylaxis, AFCITA use, and AFI and policy review.

13.11.5.2. A minimum of 2 hours of continuing education will include, but not limited to, in-service training, use of Vaccine Health Center (VHC) Immune Ready Module **http://www.vhcinfo.org**, video training from CDC, vaccine epidemiology and newly licensed vaccines. In addition, members will annually complete the Immunization (SEI 454) QTP 4N0X1-12.

13.11.6. Missed IBT training and ARC units without 4N0X1X with 453/454 SEI.

13.11.6.1. IBTs that do not complete quarterly training will have to spend 5 duty days (4 days for ARC) working with a 4N0X1X with SEI 454 to meet the elapsed training. Documentation will be annotated in the member's AFTR on an AF Form 623a.

13.11.6.2. IBTs that miss two consecutive quarters must restart the entire IBT training process discussed in 13.10.6. Initial Training Requirements.

13.11.6.3. ARC units that do not have a 4N0X1X with either 453/454 SEI will spend 4 days under the experienced (minimum 2 years as current IBT) 4N071X IBT, IBT Certified Nurse and/or physician if they miss bi-annual training. Twelve months of missed training will result in decertification. Member must re-accomplish the IBT training process as discussed under initial training.

13.11.6.4. Upon return from deployment, IDMTs/IBTs will complete 8 hours of training within 30 days return to home station and thereafter will resume quarterly rotation for sustainment training. Those failing this requirement will be considered delinquent for IBT sustainment training the quarter in which they returned. For IDMTs/IBTs returning from deployment and signing in to their unit within 30 days of the end of quarter, required training as described in this paragraph will go towards the next quarterly training requirement and the member will not be delinquent for the quarter in which they returned. **NOTE:** When ARC personnel return from deployment, IDMTs/IBTs will complete 8 hours of training within 120 days return to home station and thereafter will resume semi-annual rotation for sustainment training.

13.12. Immunization Augmentees (IAs).

13.12.1. IAs are typically trained to administer only one vaccine in a shot-line setting, e.g. influenza program. Immunizations Augmentees (IA) are only authorized to augment A/I techs and IBTs and are not authorized to provide vaccinations independently.

13.12.2. IAs may hold any enlisted 4XXXX AFSC; however, personnel with medical AFSCs other than 4N0, must obtain a scope of practice waiver IAW AFI 44-119, *Medical Quality Operations*, to perform duties outside their AFSC. Approved scope of practice waivers will be maintained by the MTF Chief Nurse and scanned into the individual's AFTR. Utilization of non-4N0s to give immunizations of any kind should be the exception.

13.12.3. IA trainees will receive just-in-time training from an A/I technician which will include a briefing on the vaccine manufacture package insert, anaphylaxis, cold chain management, documentation and local emergency response protocols.

13.12.3.1. Training will be re-accomplished if more than 90 days (120 days for ARC) have elapsed since administering that vaccine or if a different vaccine is to be administered.

13.12.3.2. IAs will not be used for smallpox or anthrax vaccination.

13.12.3.3. IAs will not be used to provide immunotherapy (allergy shots) for patients.

13.13. Immunization Administration Issues.

13.13.1. All facilities must have a written plan for the storage and monitoring of vaccines as well as standard operating procedures for power outages.

13.13.2. All refrigerators used to store vaccine inventory will be alarmed IAW AFJI 48-110.

13.13.3. Medication errors, which include, wrong dose, wrong vaccine, wrong patient, wrong route or expired vaccine should be reported by the person most knowledgeable of the event to record information related to what, when, where, how, and any known contributing factors leading to the event IAW AFI 44-119. This information will be provided to the Patient Safety Monitor IAW local guidance.

13.13.4. Any suspected adverse event should be report through Vaccine Adverse Event Reporting System (VAERS).

Section 13D—Vaccine Adverse Event Reporting

13.14. Vaccine Adverse Event Reporting System (VAERS).

13.14.1. Patient Safety Manager will ensure immunization staff and medical providers are briefed on VAERS reporting, i.e. who can report, how to report, and where to send and file reports.

13.14.2. The National Vaccine Injury Compensation Program (NVIC) requires health care providers to report adverse events involving vaccines to VAERS. Refer to the NVIC Program vaccine injury table for events that require reporting **http://www.hrsa.gov/vaccinecompensation/table.htm**. VAERS forms and information can be obtained by calling 1–800–822–7967 or by accessing the VAERS web site at **http://vaers.hhs.gov/index**. Use form VAERS–1 (FDA) or submit electronic reports via the

http://vaers.hhs.gov/esub/step1 website. Hard copy forms can be submitted via fax at 1=877-721-0366 or by mail at the address listed in section 13.14.3.1.

13.14.3. VAERS Form Distribution:

13.14.3.1. Send the original report form and any appropriate supporting documents to VAERS, P.O. Box 1100, Rockville, MD 20849-1100. If the VAERS form is sent electronically or via fax, then it does not need to be sent by mail.

13.14.3.2. Retain 1 copy for the Patient Safety Program at the reporting medical unit, which will typically involve the unit's P&T Function.

13.14.3.3. File a copy of the VAERS or MedWatch report in the patient's individual health record or annotate the relevant information on the report within the health record.

Section 13E—Military Specific Vaccines

13.15. Anthrax Vaccine Immunization Plan (AVIP).

13.15.1. MTF/RMU/CC will appoint, in writing, an AVIP Medical OIC. The AVIP Medical OIC will:

13.15.1.1. Ensure installation compliance IAW AF Implementation Plan for AVIP Program found on **https://kx.afms.mil/ai**. Training course is available at **www.anthrax.mil/education** Completed training will be annotated in the member's AFTR. Vaccinators will be responsible for the information in the AVIP Implementation Policy, AVIP healthcare provider briefing slides located at **www.anthrax.mil/AVIP2007**, BioThrax package insert, AVIP tri-fold brochure (most current), and medical/administrative exemptions for the vaccine.

13.15.1.1.1. IBTs are trained to the knowledge level on the Anthrax Vaccine. IBTs are authorized to administer the anthrax vaccine once they have been appointed in writing by the MTF SGP and have received Anthrax Administration training supplied by the MTF. Authorized IBTs must be in compliance with all provisions outlined under 13.15.

13.15.1.2. Obtain the most current AVIP tri-fold brochures, and ensure a copy is given to each person being vaccinated (one for each dose). Order tri-folds by emailing **usammadoc@det.amedd.army.mil** or at **www.anthrax.mi/AVIP** 2007.

13.15.1.3. Send monthly Anthrax Vaccine inventory report to **Vaccines@amedd.army.mil.**

13.15.2. Cold chain management.

13.15.2.1. All DOD activities are required to prepare an Executive Summary (EXSUM) when suspicion that a vaccine has exceeded required temperature parameters of 2° to 8°C IAW Executive Summary (EXSUM Oct 2007) located at **http://www.usamma.army.mil/avip_index.cfm**.

13.15.2.2. EXSUM must be prepared in memorandum format (no longer than one page in length) and submitted to the United States Army Medical Materiel Agency (USAMMA) Distribution Operations Center (DOC) within 24 hours upon discovery of

potentially compromised vaccine. EXSUM must be routed up the chain of command for review and endorsement before faxing to the USAMMA/DOC. ***NOTE:*** An EXSUM is not required for vaccine that has reached its expiration date. See Destruction SOP for disposal instructions located at **www.usamma.army.mil/avip_index.cfm**.

13.16. Smallpox Vaccination Program.

13.16.1. Newly assigned 4N0X1X with SEIs 453/454 required to administer Smallpox Vaccine will complete smallpox online training at the MILVAX Website **www.vaccines.mil** and document training in the AFTR on an AF 623a.

13.16.1.1. IBTs are trained to the knowledge level on the Smallpox Vaccine. IBTs are authorized to administer the vaccine once they have been appointed in writing by the MTF SGP and complete training as described in 13.16.1. Authorized IBTs must be in compliance with all provisions outlined under 13.16.

13.16.2. The DOD Smallpox tri-fold will be provided to individuals who receive the vaccine.

13.16.3. Cold Chain Management.

13.16.3.1. All DOD activities are required to prepare an Executive Summary (EXSUM) when suspicion that a vaccine has exceeded required temperature parameters of 2° to 8°C IAW Executive Summary (EXSUM Oct 2007) located at **http://www.usamma.army.mil/avip_index.cfm**.

13.16.3.2. EXSUM must be prepared in memorandum format (no longer than one page in length) and submitted to the United States Army Medical Materiel Agency (USAMMA) Distribution Operations Center (DOC) within 24 hours upon discovery of potentially compromised vaccine. EXSUM must be routed up the chain of command for review and endorsement before faxing to the USAMMA/DOC. ***NOTE:*** An EXSUM is not required for vaccine that has reached its expiration date. See Destruction SOP for disposal instructions located at **http://www.usamma.army.mil/avip_index.cfm**.

Chapter 14

AUDIOLOGY SERVICES

14.1. Diagnostic Hearing Centers (DHC).

14.1.1. At the DHCs the Air Force provides hearing aids, replacement parts, accessories, batteries and repair services at no cost to active duty members of the Uniformed Services, activated National Guard and Reserves. Retired members of the Uniformed Services utilize the Retiree Hearing Aid Purchase Program, if available, at the MTF.

14.1.2. Only DHCs are authorized to purchase, prescribe, fit and issue hearing aids. All DHCs establish a reliable source of hearing aids and hearing aid supplies. The prescription of hearing aids and accessories for AD personnel will be limited to those instruments approved by the Department of Veterans Affairs (VA) and included on the VA purchasing contract unless the hearing aid required for a patient (based on the audiologist's recommendation) is not on the VA contract.

14.1.3. Any Air Force MTF with an assigned audiologist holding privileges to provide independent clinical services may be considered as a Diagnostic Hearing Center (DHC). DHCs provide comprehensive audiology assessments to determine site of lesion and etiology of hearing loss and appropriate treatment strategy. Diagnostic services include pure-tone air and bone conduction, diagnostic speech assessments to include speech perception and word recognition scores in quiet and noise, immittance audiometry, electrophysiological testing, vestibular assessments and other diagnostic tests as needed. DHCs will also provide treatment services such as hearing aid evaluations, hearing aid fitting, and counseling for individuals with hearing loss or parents of children with hearing loss. The MTF/CCs will determine requirements for additional special auditory and vestibular services within their facility based on recommendations from the AF/SG Audiology Consultant.

14.1.4. DHCs issue replacement, backup, or reissue hearing aids when the member has orders for either mobility status or a permanent change of station to a remote overseas location.

14.1.4.1. The MTF/CC where member is enrolled sends the request for replacement or reissue hearing aids to the nearest Air Force DHC, or to the DHC that initially tested the member's hearing and prescribed the hearing aids.

14.1.4.2. The request must include a copy of the member's orders and mailing instructions.

14.1.5. Active duty members scheduled to deploy may receive a set of backup hearing aids after a copy of valid orders is furnished to the DHC.

14.1.6. The clinical audiologist bases issuance of monaural or binaural hearing aids on the patient's need, audiological test results, and medical evaluation and clearance.

14.2. Accessories, Spare Parts, Batteries.

14.2.1. The Air Force provides accessories based on the type of hearing aid issued. These could include:

14.2.1.1. Ear molds (one for each ear for which a hearing aid was issued; exceptions can be made by the issuing audiologist).

14.2.1.2. A 60 day supply of batteries. ***NOTE:*** Issue replacement batteries at no charge to patients as long as they remain on Active Duty. MTFs without a DHC issue batteries through the pharmacy or medical logistics. Batteries for non-government issued hearing aids are not authorized.

14.2.2. DHCs buy spare parts from manufacturers using local-purchase procedures. These parts may include, but not limited to, connecting cords, receivers and rigid tubing.

14.2.3. The DHC prepares a letter for each government-issued hearing aid. It establishes the authority for the recipient to obtain replacement batteries for as long as the individual remains on Active Duty.

14.3. Repair of Defective Hearing Aids.

14.3.1. Hearing aid repairs are only authorized for government issued hearing aids. While under manufacturer's warranty, the member or the DHC returns the hearing aid to the manufacturer, with a letter explaining the malfunctions.

14.3.2. After the manufacturer's warranty expires, the patient returns the broken hearing aid and a copy of the issue letter to a DHC. Include a letter explaining the problem. ***NOTE:*** The DHC will send the hearing aid to a contract repair facility.

14.3.3. Patients returning a government issued hearing aid for repair may receive a hearing aid on loan if available. ***NOTE:*** DHCs may maintain a small stock of loaner hearing aids.

14.3.4. The MTF/CC may authorize rental of a hearing aid from a commercial service if the patient with a non-government issue needs a replacement during a repair period. Use local funds for commercial rentals.

14.3.5. DHCs determine when a hearing aid has undergone an excessive number of repairs. The audiologist determines when replacement is needed.

14.4. Return of Unserviceable Hearing Aids: Patients return used hearing aids to the local medical logistics activity, which sends them to the nearest DHC.

14.5. Replacement Hearing Aids.

14.5.1. DHCs replace lost or stolen hearing aids only once per year. Exceptions can be made by the issuing audiologist on a case-by-case basis.

14.5.2. A hearing aid has a minimum life span of approximately 5 years. At the discretion of the DHC audiologist, hearing aids can be replaced within 3 years of issue or sooner if there is an excessive repair record or the hearing aid is no longer appropriate for the hearing loss.

Chapter 15

ALTERNATIVE MEDICINE SERVICES

Section 15A—Chiropractic Care

15.1. General Guidelines.

15.1.1. Chiropractic evaluation and treatment are authorized for active duty in designated MTFs. Doctors of Chiropractic are offered appointment to the medical staff and are awarded privileges IAW AFI 44-119.

15.1.2. Use of supplemental funding for chiropractic evaluation and treatment is not authorized.

15.2. Scope of Chiropractic Services. The scope of services shall be limited to evaluation and treatment of neuro-musculoskeletal conditions. The core of chiropractic care is the treatment and prevention of subluxation by chiropractic adjustment, and those procedures that are preparatory and complementary to such adjustments. Peripheral treatments may not be used as independent therapies or separated from chiropractic adjustment. Musculoskeletal complaints typically seen among military personnel on active duty that are appropriate to refer for chiropractic adjustment and care include:

15.2.1. Postural problems and asymmetries derived from non-structural (soft tissue) and structural (bony) origins.

15.2.2. Subluxations of the spine.

15.2.3. Peripheral complaints in which there is no fracture, joint dislocation or ligamentous disruption, and which are related to potential spinal pathology.

Section 15B—Acupuncture

15.3. Clinician Requirements: Physicians (MDs and DOs) privileged to perform acupuncture must meet the following requirements:

15.3.1. Must possess a current, valid, unrestricted state license to practice medicine.

15.3.2. Must possess a current, valid state certification or registration to practice medical acupuncture if required by the state where the provider is licensed.

15.3.3. Must complete a minimum of 300 hours of training in acupuncture through a continuing medical education program approved by the American Medical Association (AMA) or the American Osteopathic Association (AOA), and the American Academy of Medical Acupuncture (AAMA). The only acceptable courses are those that meet World Health Organization (WHO) and state licensing requirements for physician medical acupuncturists. Physicians who complete acupuncture training through a foreign educational program must have the curriculum reviewed for suitability by the Air Force consultant for alternative and complementary medicine.

Section 15C—Internet Pharmacies

15.4. Internet Pharmacy. Active duty members are prohibited from obtaining medications, or using medications obtained from an Internet pharmacy not related to the TRICARE Pharmacy benefit. T he Pharmacy benefit supplies medications through an MTF, a participating civilian pharmacy or thought the DOD TRICARE Mail Order Pharmacy (TMOP) Program.

Chapter 16

MEDICOLEGAL MATTERS

16.1. Medical Law Consultants (MLC).

16.1.1. The MLC advises commanders at medical facilities on all medical legal matters IAW AFI 51-302, *Medical Law*. The unit where the MLC is stationed provides funding and ordinarily authorizes temporary duty for the MLC to provide consultant visits to each MTF within the MLC's geographic area/region of responsibility at least once a year.

16.1.2. Refer to AFI 44-109, *Mental Health and Military Law*, and 44-172, *Mental* Health, for further guidance on issues pertaining to communications between mental health providers and commanders.

16.2. Healthcare Provider and Patient Privileged Communications.

16.2.1. Medical records may only be released IAW provisions of the *Privacy Act of 1974* (5 U.S.C. § 552a), the *Health Insurance Portability and Accountability Act (HIPAA)* and DOD 6025-18R, *DOD Health Information Privacy Regulation*.

16.3. Biological Specimens in Administrative or Judicial Proceedings.

16.3.1. Specimens as Evidence: Since the results of examinations of biological specimens as well as the specimens themselves may be used as evidence in military and civilian judicial or administrative proceedings, the AFMS must cooperate in collecting and presenting such evidence.

16.3.2. Principles Governing Handling of Biological Specimens.

16.3.2.1. Medical personnel may take biological specimens IAW the Air Force drug testing program and IAW the AF Sexual Assault Prevention and Response Program.

16.3.2.2. The donor must normally consent to any medical personnel taking and using biological specimens as evidence.

16.3.2.3. Where the donor does not consent:

16.3.2.3.1. Consult SJA before drawing blood.

16.3.2.3.2. Medical personnel may take blood without the donor's consent and without a search warrant or search authorization only when there is a clear indication that evidence of crime will be found and law enforcement authorities have reason to believe that the delay that would result if a warrant or authorization were sought could result in the destruction of the evidence. In addition, medical personnel may also take blood without the donor's consent and without a search warrant or search authorization when there is a clear indication that evidence of crime will be found and authorities (Wing/CC, SJA) have reason to believe that the delay would result in the destruction of evidence.

16.3.2.3.3. Involuntary extraction of blood must be performed in a reasonable fashion by personnel with appropriate medical qualifications. Unless unsafe, medically trained personnel may restrain a donor. Security Forces personnel shall assist medically trained personnel when appropriate.

16.3.2.3.4. Medical personnel may take biological specimens requiring visual examination of the unclothed body (such as pubic hair samples and dried fluids from the pubic area) without consent of the patient if they meet the requirements noted above for blood extraction:

16.3.2.3.4.1. With a search warrant or search authorization.

16.3.2.3.4.2. Without a search warrant or search authorization only when there is a clear indication that evidence of crime will be found and law enforcement authorities have reason to believe that the delay that would result if a warrant or authorization were sought could result in the destruction of the evidence.

16.3.2.3.5. The nonconsensual taking of other biological specimens that do not require visual examination of the unclothed body, or intrusion into the body, such as fingernail scrapings and hair samples from the head, does not require a search warrant or search authorization. A competent authority may order such nonconsensual takings. The SJA shall be consulted in matters such as this.

16.3.2.3.6. Military medical personnel may not take biological specimens solely at the request of and for the use of civilian law enforcement authorities.

16.3.2.3.7. MTF/CC will ensure procedures are in place to ensure that witnesses can identify specimens.

16.3.2.3.8. MTF/CC will ensure specimens are kept either in the exclusive custody of an identifiable person or secured in an identifiable, tamper-proof location from the time personnel collect the specimen to the time it is offered as evidence. MTF/CC must be able to demonstrate that these precautions were taken.

16.4. Reporting Serious Incidents.

16.4.1. Healthcare providers will report all sexual assaults against Active Duty to the Sexual Assault Response Coordinator (SARC) for determination of restricted versus unrestricted reporting. The SARC will NOTIFY AFOSI as appropriate. Healthcare providers (including mental health providers), will also report child abuse, spousal abuse, SEXUAL ASSAULTS NOT INVOLVING ACTIVE DUTY MILITARY PERSONNEL, homicides, suicides, attempted suicides, robbery, aggravated assault, intentional prescription drug overdose and narcotic overdose episodes to the appropriate law enforcement or/and command authorities.

16.5. Medical Response for Sexual Assault Victims.

16.5.1. The following information is supplemental to Department of Defense Instruction (DODI) 6495.02, 23 June 2006, *Sexual Assault Prevention and Response (SAPR) Program Procedures* and AFI 36-6001, *Sexual Assault Prevention and Response (SAPR)*. It details training requirements for Health Care Providers (HCP) and Registered Nurses with appropriate sexual assault training conducting Sexual Assault Examinations (SAE).

16.5.2. Each MTF must have a written plan describing the medical response for sexual assault victims.

16.5.2.1. The plan should be gender sensitive in order to avoid situations such as evaluating a male victim in the women's health clinic.

16.5.3. Each MTF will establish protocols describing the provision and documentation of medical care to a victim of sexual assault.

16.5.3.1. Medical record documentation under restricted reporting must have special protection to avoid unauthorized release of information.

16.5.3.1.1. The following wording in bold type should be placed in each notation in the electronic or paper record: **"Restricted from disclosure unless and until determined to be releasable by the MTF Commander or designee. Do not release without specific patient authorization or as specifically authorized by DOD or AF policy."**

16.5.3.1.2. Electronic records in AHLTA must also be secured via a "break the glass" function (sensitive box checked) in addition to the above notation.

16.5.3.2. Documentation in the medical record must follow a standard approach of addressing acute complaints, gathering pertinent historical data, describing findings, and documenting treatment and follow-up care. Providers must insure the documentation includes information regarding the physical and emotional injuries resulting from the assault. The level of detail should be sufficient to provide continuity of care.

16.5.3.3. Forensic examination documentation must remain with the evidence kit and copies of evidence kit documentation should not be included in the medical record.

16.5.4. MTFs that do not provide SAE must have a Memorandum of Understanding (MOU) or Memorandum of Agreement (MOA) with a local medical facility where the SAE can be performed by an appropriate provider; trained registered nurse or health care provider.

16.5.5. Timely medical response to a sexual assault victim is essential. The MTF will appropriately triage patients on presentation and make every effort to minimize the time until actual SAE.

16.5.6. MTFs must insure providers and staff are appropriately trained to respond to sexual assault victims.

16.5.6.1. MTFs that provide SAE must insure sexual assault (SA) examiners receive initial and refresher training.

16.5.6.1.1. HCPs may include, but are not limited to physicians, advanced practice nurses and physician assistants with clinical privileges to perform pelvic examinations.

16.5.6.1.2. Registered nurses performing SAE in AF MTFs will at least be trained as a Forensic Nurse Examiner (FNE). They will meet the minimum requirements determined in this instruction. This additional capability shall be noted as a competency, not as a credential or privilege.

16.5.6.2. Privileged HCP initial and refresher training for those performing SAE:

16.5.6.2.1. The minimum requirement for initial training is attendance at a 3 day forensic sexual assault course and one case/mock exam reviewed by a competent SA examiner.

16.5.6.2.2. Annual refresher training is required. Several options for refresher training include: Forensic Sexual Assault course on DVD or Forensic Sexual Assault course on line and three cases/mock exams a year reviewed by a competent SA examiner.

16.5.6.3. FNE initial and refresher training:

16.5.6.3.1. The minimum requirement for initial training will include attendance at a 5 day didactic course and three cases/mock exams reviewed by a competent SA examiner.

16.5.6.3.2. The minimum requirement for refresher training will include three cases/mock exams a year reviewed by a competent SA examiner and a minimum of five CEUs every 3 years covering forensic exam topics.

16.5.6.4. Each MTF will have its healthcare personnel take First Responder Training annually.

16.5.6.4.1. Healthcare personnel are defined by Instruction (DODI) 6495.02, 23 June 2006, *Sexual Assault Prevention and Response (SAPR) Program Procedures* as all healthcare providers and also includes persons assisting or otherwise supporting healthcare providers in providing healthcare services (e.g., administrative personnel assigned to a military medical treatment facility).

16.5.6.4.2. All health care personnel will take First Responder Training by on-line CBT located in ADLS Med+Learn.

16.5.7. Deployed Environment

16.5.7.1. Each Expeditionary Medical Support (EMEDS) facility must have a written plan describing medical response for Armed Forces sexual assault victims.

16.5.7.1.1. The written plan will establish protocols for providing and documenting medical care.

16.5.7.2. Medical documentation of restricted reporting will have special protection in IAW para 16.5.3.1.

16.5.7.3. EMEDS/CCs will designate a SA examiner to be the primary POC for conducting SAE. If the EMEDS does not have a trained SA examiner, in-place training will occur using the Sexual Assault: Forensic and Clinical Management DVD ordered through the EMEDS Theater Medical Logistics. Training will be documented in the SA examiner's deployed credential or competency folder as appropriate.

16.5.7.4. Sexual assault victims who exceed the local EMEDS capabilities will be transported to the appropriate level of care IAW established aeromedical evacuation standards.

16.5.7.5. The SA examiner will review procedures with the SARC and OSI, or comparable offices, upon designation.

16.5.7.6. An adequate supply of Sexual Assault Forensic Examination (SAFE) kits will be maintained at each deployed location.

Chapter 17

ASSISTIVE TECHNOLOGY (AT) AND COMPUTER/ELECTRONIC ACCOMMODATIONS PROGRAM (CAP)

17.1. CAP. The CAP affects individuals with disabilities that impact the use of information technology and/or job performance.

17.1.1. MTF/CCs are directed to utilize the attached Medical Group Instruction (MGI) template for their respective facilities. **(Attachment 3).**

17.1.2. MTF/CCs must designate a CAP representative to assist in the coordination of this program.

17.1.2.1. This is applicable only to MTFs that provide Occupational Therapy services.

17.1.2.2. MTFs that do not provide Occupational Therapy services are not required to appoint a CAP representative; however, the SGH will maintain the draft of this MGI at each facility for referral purposes.

Thomas W. Travis, Major General, USAF, MC, CFS
Deputy Surgeon General

Attachment 1

GLOSSARY OF REFERENCES AND SUPPORTING INFORMATION

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Comprehensive Accreditation Manual for Hospitals, current edition

DOD Unified Biostatistical Utility (UBU), Appendix E, *Coding Case Management Services*, current ed.

DOD TRICARE Management Activity, *Medical Management Guide*, 2009

DOD/VA Wounded, Ill, and Injured Senior Oversight Committee Memorandum, *Implementation of Wounded, Ill and Injured-Related Standard Definitions*, 10 Dec 08

United States Pharmacopoeia

Utilization Review Accreditation Commission (URAC) **http://www.urac.org/healthcare**/

Prescribed Forms

AF Form 85, *Controlled Substance Inventory Adjustment Voucher*

AF Form 579, *Controlled Substances Register*

AF Form 582, *Pharmacy Stock Record*

AF Form 781, *Multiple Item Prescription*

AF Form 1302, *Request and Consent for Sterilization*

AF Form 1721, *Spectacle Prescription*

AF Form 1722, *Optometric Examination Record*

AF Form 2380, *Pharmacy Manufacturing Control Data*

AF Form 2381, *Pharmacy Master Formula*

AF Form 2382, *Pharmacy Bulk Compounding Chronological Control Log*

AF Form 2700, *Radiographic Film Envelope*

Adopted Forms

AF Form 422, *Physical Profile Serial Report, AFI 48-123*

AF Form 469, *Duty Limiting Condition Report, AFI 10-203*

AF Form 614, *Charge Out Record, AFMAN 33-363*

AF Form 765, *Medical Treatment Facility Incident Statement, AFI 44-119*

AF Form 847, *Recommendation for Change of Publication, AFI 11-215*

AF Form 1225, *Informed Consent for Blood Transfusion, AFI 44-105*

AF Form 3066, *Doctor's Orders, AFI 41-210*

AF Form 3069, *Medication Administration Record, AFI 41-210*

DD Form 741, *Eye Consultation*

DD Form 771, *Eyewear Prescription*

DD Form 1150, *Request for Issue and Turn In Slip*

DD Form 2081, *New Drug Request*

DD Form 2351, *Medical Examination Review Board (DODMERB) Report of Medical Examination*

DD Form 2766C, *Vaccine Administration Record*

OF 522, *Medical Record-Request for Administration of Anesthesia and for Performance of Operations and Other Procedures*

SF 88, *Report of Medical Examination*

SF 509, *Medical Record-Progress Note*

SF 513, *Medical Records Consultation*

SF 518, *Blood or Blood Component Transfusion Medical Record*

SF 519B, *Medical Record-Radiographic Consultation Request/Report*

SF 600, *Health Record-Chronological Record of Medical Care*

SF 603, *Health Record-Dental*

SF 858, *Emergency Care and Treatment*

Terms

Biological Specimen—a sample from the body.

Case Management—the monitoring, planning and coordination of treatment of patients with complex conditions.

Contrast Media—substances that permit radiographic demonstration of a space, a potential space or an organ.

Controlled Substances—drugs so designated by the Attorney General because of demonstrated or potential abuse. Five schedules are used to classify controlled substances by potential for abuse.

Cosmetic Surgery—surgery performed only to improve physical appearance.

Credentials—the documents that constitute evidence of training, licensure, experience and expertise of a provider.

Forensic Nurse Examiner (FNE)—Registered nurses who receive specialized education and fulfill clinical requirements to perform sexual assault examinations.

Healthcare Providers—Military (Active or Reserve component) and civilian personnel (Civil Service and other providers working under contractual or similar arrangement) granted privileges to diagnose medical conditions and initiate, alter or terminate healthcare treatment regimes within the scope of his or her license, certification or registration. This category includes physicians, dentists, nurse providers, nurse anesthetists, nurse midwives, podiatrists, optometrists, clinical dieticians, social workers, clinical pharmacists, clinical psychologists, occupational therapists, audiologists, speech pathologists, physician assistants or any other professional providing direct patient care.

Inborn Diseases—pertaining to a constitutional characteristic that is inherited or implanted during intrauterine life.

Purchased Care System—medical care provided outside the Military Health System.

Moderate Sedation—a minimally depressed level of consciousness that allows the patient to retain the ability to independently and continuously maintain an airway and respond appropriately to physical stimulation and verbal command, produced by a pharmacologic method, non-pharmacologic method or a combination of the two. Sedating procedures, which would result in the loss of protective reflexes for a significant percentage of a group of patients, are not considered conscious sedation.

Occupational illness—Any abnormal condition or disorder, other than one resulting from an occupational injury, caused by exposure to factors associated with employment. It includes acute and chronic illnesses or diseases that may be caused by inhalation, absorption, ingestion, or direct contact. See the Department of Labor, Bureau of Labor Statistics, Occupational Injury and Illness Classification Manual for further details.

Occupational injury—Any injury such as a cut, fracture, sprain, amputation, etc., which results from a work-related event or from a single instantaneous exposure in the work environment.

Privileges (clinical)—permission to provide medical and other patient care services in the granting institution within defined limits based on the individual's education, professional licensure, experience, competence, ability, health and judgment. Request is evaluated by the credentials function and approved by the MTF/CC.

Primary Care Manager—healthcare provider who oversees and coordinates the general preventive, diagnostic and therapeutic care for a particular patient.

Restricted Reporting—A process used by a service member to report or disclose that he or she is the victim of a sexual assault to specified officials on a requested confidential basis. Under these circumstances, the victim's report and any details provided to the SARC, Healthcare Personnel, or a VA will not be reported to law enforcement to initiate an official investigation unless the victim consents or an established exception is exercised under DODD 6495.01.

Sexual Assault—*(The following definition for sexual assault has been directed by DOD and is for training and educational purposes only. This definition does not affect in any way the definition of any offense under the Uniform Code of Military Justice. Commanders are encouraged to consult with their Staff Judge Advocate for complete understanding of this definition in relation to the UCMJ.)* Sexual assault is defined as intentional sexual contact, characterized by use of force, threats, intimidation, abuse of authority, or when the victim does not or cannot consent. Sexual assault includes rape, forcible sodomy (oral or anal sex), and other unwanted sexual contact that is aggravated, abusive, or wrongful (to include unwanted and inappropriate sexual contact), or attempts to commit these acts.

Sexual Assault Forensic Examination (SAFE)—The medical examination of a sexual assault victim under circumstances and controlled procedures to ensure the physical examination process, and the collection, handling, analysis, testing, and safekeeping of any bodily specimens, meet the requirements necessary for use as evidence in criminal proceedings.

Sexual Assault Response Coordinator (SARC)—An Air Force civilian employee or Air Force officer reporting to the Wing Vice Commander (WG/CV) who serves as the commander's

central point of contact at installation level or within a geographic area to ensure appropriate care is coordinated and provided to victims of sexual assault and tracks the services provided to a victim from the initial report through final disposition and resolution. Ensures the implementation of prevention programs, to include sexual assault awareness, prevention and response training.

Special Care Unit—any type of critical care unit with a dedicated nursing staff and administrative support.

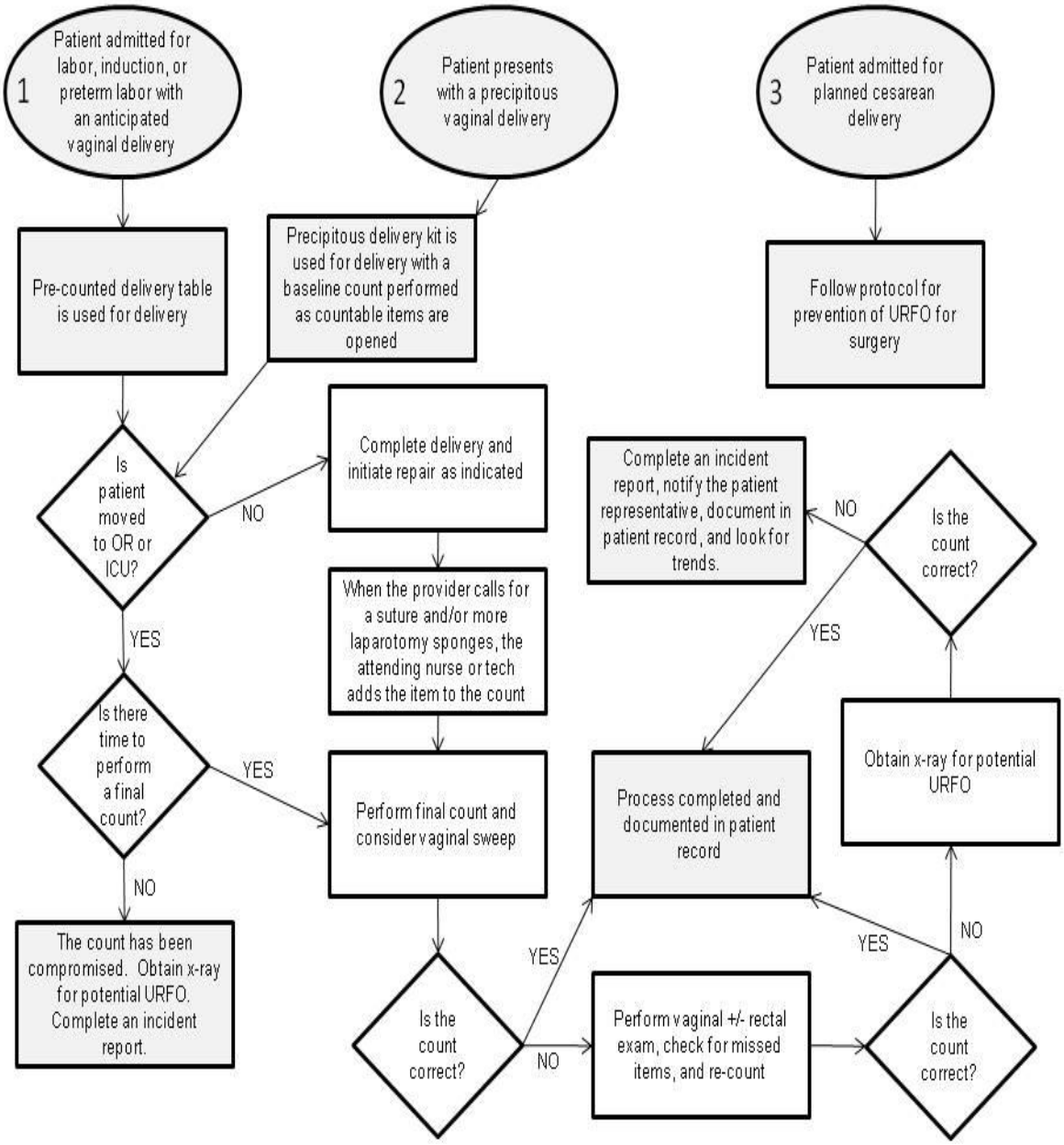
Supervision—process of reviewing, observing and accepting responsibility for assigned personnel. Indirect supervision is where the supervisor does a retrospective record review of selected records. Direct supervision requires the supervisor to be involved in decision-making processes either by verbal contact or by being physically present through all or part of the care.

Qualified Assistant—a provider designated by the Credentials Function of the Military Treatment Facility as being qualified to assist with a particular type of procedure.

Attachment 2

UNINTENDED RETAINED FOREIGN OBJECTS DURING VAGINAL DELIVERY ALGORITHM

Figure A2.1. Unintended Retained Foreign Objects During Vaginal Delivery Algorithm.



Attachment 3

SAMPLE MGI TEMPLATE FOR AT & CAP

BY ORDER OF THE COMMANDER **MEDICAL GROUP INSTRUCTION XXX**
XX MEDICAL GROUP
XXX AFB XX XXXXX **13 Feb 2009**

Medical Command

ASSISTIVE TECHNOLOGY (AT) & COMPUTER ELECTRONIC ACCOMMODATIONS PROGRAM (CAP)

COMPLIANCE WITH THIS PUBLICATION IS MANDATORY

ACCESSIBILITY: Publications and forms are available on the e-Publishing website at **www.e-Publishing.af.mil** for downloading or ordering.

RELEASABILITY: There are no releasability restrictions on this publication.

OPR: MTF OPR Certified by: MTF Certifying Official

Supersedes: Pages: 4

This instruction implements Air Force Instruction (AFI) 44-102, *Assistive Technology (AT) and Computer/Electronic Accommodations Program (CAP)*. It applies to all units assigned to the XXX Medical Group. Refer recommended changes and questions about this publication to the Office of Primary Responsibility (OPR) using AF IMT 847, Recommendation for Change of Publication prescribed by AFI 11-215, *USAF Flight Manuals Program*; route AF IMT 847s from the field through publications/forms manager. All instructions which direct collecting the social security number from the individual and maintaining information covering treatment, payment, and billing processes are subject to the Privacy Act of 1974, the Freedom of Information Act, and the Health Insurance Portability and Accountability Act. Policy is delineated in DOD Directive 6025.18-R, *Health Information Privacy Regulation*, AFPD 33-3, *Information Management***,** AFI 33-332, *Air Force Privacy Act Program*, and AFI 41-210, *Patient Administration Functions*. These establish procedures designed to protect personal information from unauthorized use or release and prescribe use and disclosure of Protected Health Information. Ensure that all records created as a result of processes prescribed in this publication are maintained in accordance with Air Force Manual (AFMAN) 33-363, *Management of Records*, and disposed of in accordance with Air Force Records Information Management System (AFRIMS) Records Disposition Schedule (RDS) located at **address: https://www.my.af.mil/afrims/afrims/afrims/rims.cfm**.

SUMMARY OF CHANGES

This is a new operating instruction and must be read in its entirety.

1. Overview. Every day, U.S. soldiers, sailors, airmen, and marines are recovering at various military treatment facilities (MTFs) due to injuries sustained while on active duty status. As a result, the Department of Defense (DOD) has implemented the CAP program for DOD employees and service members, to include our Wounded Warriors. CAP provides real solutions

for real needs while ensuring that people with disabilities and wounded service members have equal access to the information environment and opportunities in the Federal government. CAP works closely with service members across the nation to ensure they receive appropriate assistive technology for their needs. Accommodations are available for service members and DOD employees with injuries that have caused cognitive and communication difficulties, dexterity impairments, hearing and vision loss.

2. Inclusion criteria. CAP services are available to individuals in the following categories:

2.1. All wounded service members (sailors, marines, airmen, and soldiers) to include those injured stateside and in support of Operation Enduring Freedom and Operation Iraqi Freedom.

2.2. Employees with disabilities in DOD throughout the Federal government are eligible for CAP services.

2.3. Individuals with all types of disabilities including but not limited to variety of upper extremity trauma (amputations, neuropathies etc.), cognitive disabilities, visual deficits and complete blindness (i.e. no light perception), communication deficits, deafness/auditory impairments, and hand dexterity deficits secondary to fractures and/or other musculoskeletal condition(s).

3. Responsibilities.

3.1. Military Treatment Facility (MTF) Commanders. MTFs with Occupational Therapy (OT) services shall establish a Memorandum of Understanding with CAP and identify a CAP Representative at the facility http://www.tricare.mil/cap/documents/CAP_WSM_MOU.pdf

3.1.1. MTFs without OT services must be familiar with this instruction and references. In the event these MTFs encounter a patient who may be eligible for CAP services, they must know the process to ensure their patients receive these services.

3.2. MTF CAP Representative. Coordinate AT needs assessments and related services with the DOD CAP Office to ensure eligible Service members receive appropriate accommodations solutions.

3.2.1. Should be the Health Care Integrator (HCI), case manager, provider or therapist.

3.2.1.1. Should take advantage of any training available by the DOD CAP office.

3.2.2. May submit online needs assessment for patients via the DOD CAP website.

3.3. MTF Provider/Therapist.

3.3.1. Evaluate and assess patient for assistive technology (AT).

3.3.2. May submit online needs assessment for patients via the DOD CAP website.

3.3.3. Provide additional medical documentation and tests as required by DOD CAP Office.

4. CAP Guidelines and References.

4.1. Department of Defense Instructions (DODI) 6025.22, *Assistive Technology for Wounded Service Members,* establishes policy, defines terms, assigns responsibilities, and provides procedures for establishing AT programs within the Military Health System (MHS).

4.1.1. TRICARE Handbook, *Providing Assistive Technology to Wounded Service Members,* supports DODI 6025.22 and provides and creates an interdependent AT system that enables Service members to identify and use AT early in the rehabilitation process. http://www.tricare.mil/cap/documents/CAP_WSM_Handbook.pdf

4.1.2. Computer/Electronic Accommodations Program website, provides important information about the CAP program and online needs assessment, http://tricare.mil/cap/.

4.1.3. HQ USAF/SG Policy letter, *Assistive Technology for Wounded Service Members.*

5. CAP Accommodation process. The first step in the CAP process is completing the online needs assessment to determine the most appropriate Assistive Technology (AT) solution for the patient. A complete Needs Assessment is a critical step in the CAP accommodation process and should be done on a case-by-case basis.

5.1. Wounded Service Member (WSM) needs assessment provides the CAP office with information to identify the best assistive technology for the patient. Needs assessments shall include identification of training needs, technical specifications for computers and/or telecommunication systems, and aspects of Service members' functional limitations and computing or communication tasks. Once completed, the needs assessment information shall be submitted to CAP as part of the AT request via the URL: http://tricare.mil/cap/wsm/accom_process/request.cfm?type=request

5.1.1. CAP will make the accommodation solution based on the responses in the assessment. It is critical that complete information on all limitations experienced due to the injury/impairment is provided.

5.1.2. The MTF CAP representative, case manager, therapist/provider may complete and submit WSM needs assessment to the DOD CAP office.

5.1.2.1. Service members and their families may submit WSM needs assessment only after they coordinate their assessment with their medical providers, CAP representative and/or therapist.

5.1.3. The CAP office may request additional medical documentation or medical test after receiving WSM needs assessment request. Thus, it is recommended to disclose all functional limitations and disabling conditions when completing the assessment.

5.1.4. The DOD CAP office will notify the patient and therapist/MTF CAP Rep regarding the best assistive technology for the patient (if approved) after receiving the WSM needs assessment.

5.1.5. The AT shall be procured by DOD CAP office and delivered to the MTF or other appropriate location at no cost to the MTF or location. If requested, CAP shall also procure training and technical integration support services for the patient.

5.1.6. Service members or patients shall be provided access to ongoing support from DOD CAP following receipt of an AT device until separation from active duty service, at which time, AT and rehabilitative services shall become the responsibility of the Veterans Administration.

5.1.7. AT is authorized by law to become the property of the Service member at his or her separation from active service.

MTF Commander Signature Block